**INSERT PRACTICE NAME (LOGO IF AVAILABLE) AND ADDRESS IN 1 LINE HERE**

Date

CANDIDATE NAME

ADDRESS 1

ADDRESS 2

TOWN

POSTCODE

Dear Candidate name,

**Re: Name of post no of sessions per week**

Thank you very much indeed for attending the surgery for your interview. Subsequent to that interview, I am delighted to be able to offer you employment within Practice Name in the above position and hope to welcome you on-board with our surgery.

The offer is subject to this offer letter and is also subject to the receipt by Practice Name of 2 satisfactory references. The practice’s decision is final as to whether the references meet with its requirements.

Would you please advise me of the names and addresses of the 2 referees to whom we might write, and perhaps you will also confirm that it is acceptable to write to them at this stage. One of these references must be your current employer.

Should any delay be incurred in the surgery taking up any references, and should you commence employment with Practice Name whilst it awaits a reply to any references, you should understand that your employment may be terminated without notice in the event that such references are not deemed satisfactory by the surgery. We will certainly make every effort to obtain references as quickly as possible.

You will be required to serve a probationary period of insert number months during which you will receive advice and guidance to help you to become familiar with, and competent in performing, the work you have been appointed to do. You should understand that the probationary period is designed to give you an opportunity to establish your suitability for the job.

Any appointment to the practice is subject to the satisfactory completion of the insert number month probationary period and, if at the end of your probationary period your performance and conduct are found to be satisfactory, then your employment will be confirmed in writing. The probationary period itself is subject to termination during any stage of it on giving, or being given a notice period of insert number week**,** should your performance or conduct not be satisfactory, as deemed by the practice, whilst the employer has the right to dismiss you, the probationary period may be extended at the total discretion of the employer.

Your probationary period will count towards your length of service with the employer.

I truly hope you will accept our offer of employment, and in order to do so, I should be most grateful if you would kindly sign, and return to me, a copy of this letter ASAP.

I will forward your Contract of Employment under separate cover within the next insert number weeks. When received please read it carefully and if in agreement sign both copies and return one to me for your personnel file. Please keep your copy for future reference.

**The general Terms and Conditions of Employments are as follows:**

* Sessional rate £ insert rate per annum
* You are contracted to work insert number sessions per week, cite the working days if appropriate
* Your work will be based at insert practice address(es).
* Annual Leave: 6 weeks per annum [pro rata IF APPROPRIATE] exclusive of bank holidays
* Study Leave: 1 week per annum [pro rata IF APPROPRIATE]
* You are covered by the NHS Clinical Negligence Scheme for General Practice. There is still a requirement for all GP’s to maintain a membership of a MDO for non-NHS work and other circumstance [PLEASE ALSO CITE IF YOU REEMBURSE YOUR GPs FOR THE ADDITIONAL INDEMNITY THEY NEED TO TAKE OUT TO UNDERTAKE THEIR NHS WORK IN YOUR SURGERY THAT IS NOT COVERED UNDER THE NHS SCHEME].
* You are automatically included in the NHS Pension scheme unless you opt out.
* Please add in / remove / amend any additional benefits as per your offer (DELETE THIS BULLET POINT AS APPLICABLE)

Your start date is to be agreed.

In advance of your first day would you please provide the following documents/information:

* Passport
* Bank account details
* GMC certificate
* Evidence of your Performers List number

This offer will remain open for you to accept until add date of 1 week from the date the letter being issued. If you have not accepted this offer by then, then the offer will lapse without further notice being given to you.

Thank you again for meeting with us and I look forward working with you under a long, enjoyable and fruitful professional association.

Yours sincerely

Your name

Your job title

The name of your surgery

**I accept the above offer and the Terms and Conditions contained this letter.**

**Signed………………………………………. Date……………………………**