|  |  |
| --- | --- |
| Name |  |

**Scope of Practise Form**

Thank you for your interest in undertaking your private practice at Harley Street Specialist Hospital. I am very pleased to confirm that this has been approved.

Here at the Harley Street Specialist Hospital, we pride ourselves on our outstanding governance structures. To that end, please complete the form below. Please indicate the volumes of procedures that you carry out each year to evidence your scope of practice. Also indicate the sessions and volumes you wish to bring to Harley Street Specialist Hospital.

|  |  |  |  |
| --- | --- | --- | --- |
| CCSD code | List of procedures | Volume (per annum) | Locations where these are carried out |
|  |  |  |  |

Registries with whom you share outcome data:

Sessions and volumes, you intend to bring to HSSH: