

REGISTRATION OF INTEREST FORM

Organisation	
Address	

Are you a member of a NPAG Networking Group? (Please tick)

Y
N

☐
☐

Name		
Job Title		
Email		
Area of Interest		
Phone No.		
PA Details		

Completion of this form does NOT account for registration into NPAG, its groups or Network. This is an enquiry form only.
Do not include any bank details. Once received, we will be in contact with you within 7 days to further discuss .

Completed form;

Please send your completed registration form to:

Email: david.paterson@npag.eastamb.nhs.uk

or

National Performance Advisory Group

East of England Ambulance Service NHS Trust
Hospital Approach, Orchards
Broomfield, Chelmsford, Essex
CM1 7WS



Cert No: 9210