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Description automatically generated**

**Request for LMC Support from Practice or Individual**

In order for the LMC to assess a request for support, please complete the form below providing as much information as possible. The information provided on this form will only be shared with members of the LMC Exec. If the information needs to be shared more widely then a member of the Exec will seek prior consent from the individual providing the information below.

**Name of person completing this form**

**Date form completed**

**Problem**

*Please provide a summary of the current problem for which you would like LMC support. At this stage, brief information should suffice.*

**Background**

*Please provide information here about any relevant historical or related issues which are relevant to the above problem.*

**Assessment / Solutions**

*Please share here your thoughts about the problem and any potential solutions.*

**Request**

*Please outline the support you would like to receive from the LMC. What can we do to help?*

*Completed forms should be returned to the LMC Secretary.*

*A member of the LMC Exec team will get back in touch with you as soon as possible.*