

GP AUTHORISATION FORM

I, (full name in capitals).....

whose date of birth is.....

of address.....

.....

Authorise my GP for the time being and all my other medical advisors for the time being to provide information about my health and any aspect of my medical condition upon request

to.....

.....(charity)

(Registered Charity No 1161308) (“the Charity”), both in connection with any application I make to become a resident of almshouses provided by the Charity and at any time thereafter until I have ceased to live in the property provided by the Charity

Signed by applicant:.....

Date of signature:.....