

Appeals third party authorisation form

Part A – applicant's details

Applicant's name	<input type="text"/>
Applicant's GMC reference number	<input type="text"/>
I hereby authorise the General Medical Council to discuss with the third party mentioned below:	
Information concerning my current application for registration or specialist/GP registration	yes <input type="checkbox"/> no <input type="checkbox"/>
Signature	<input type="text"/>
Date	<input type="text" value="D D M M 2 0 Y Y"/>

Part B – third party details

Full name of third party	<input type="text"/>
Company/organisation	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text" value="D D M M 2 0 Y Y"/>

Part C – password

The applicant and the third party must agree on a password which will be used by the third party in all communications with the General Medical Council.

Password

Please return this form to:

General Medical Council
Registration Appeals Team
3 Hardman Street
Manchester
M3 3AW

Alternatively you can email it to: appeals@gmc-uk.org

Please note: this authorisation is personal to the third party named above and cannot under any circumstances be used by any person not named above.