

Appeals third party authorisation form

Part A – Appellant’s Details

Appellant’s name									
Appellant’s GMC reference number									
I hereby authorise the General Medical Council to discuss with the third party(ies) mentioned below information concerning my current appeal	Yes <input type="checkbox"/> No <input type="checkbox"/>								
Appellant’s signature (please apply a digital signature otherwise a hard copy is required)									
Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Part B – Third party details

Full name(s) of third party(ies)	
Company/organisation	
Telephone number	
Email address(es)	

Please note

Information concerning the appellant’s current appeal will only be discussed with the named third party(ies)

At any point consent may be withdrawn

Receipt of a future third party authorisation form will render this form invalid

Part C – password

The appellant and the third party(ies) must agree on a password which will be used by the third party(ies) 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(ies) named above and cannot under any circumstances be used by any person not named above.