

Appeals third party authorisation form

Part A – appellant’s details

Appellant’s name	<input type="text"/>								
Appellant’s GMC reference number	<input type="text"/>								
<p>I hereby authorise the General Medical Council to discuss with the third party(ies) mentioned below information concerning my current appeal</p> <p style="text-align: right;">yes <input type="checkbox"/> no <input type="checkbox"/></p>									
Appellant’s signature (please apply a digital signature otherwise a hard copy is required)	<input type="text"/>								
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)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Company/organisation	<input type="text"/>
Telephone number	<input type="text"/>
Email address(es)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

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 At any point consent may be withdrawn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 email this form 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.