

The Robert Thompson Charities
Registered Charity No. 1194270

GP Authorisation form

I [full name in capitals]

.....

whose date of birth is

.....

of address:

.....

.....

.....

Authorise my GP for the time being to provide:

(1) relevant information about my current health and ability in connection with any application I make to become a resident of almshouses provided by the charity and

(2) advice to The Robert Thompson charities (Registered Charity No 209220) ("the Charity") about my health needs should this be necessary at any future time unless and until I have ceased to live in the property provided by the Charity.

Signed by applicant:

.....

Date of signature:

.....

Updated July 2023