

RESTRICTED

Form MG11(T)

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WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: EDGAR, WENDY ANN

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: STUDENT NURSE

This statement (consisting of 1 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed: W A EDGAR

Date: 22/08/2003

I am the above named person and I live at the address overleaf. From November 1994 - September 2000 I worked as a Nursing auxiliary on days on Daedelus Ward at the GWMH .

At the time I had no formal nursing qualifications, although I about to qualify as a Staff Nurse. I would describe general patient care at the hospital as good and I never had any concerns about the use of syringe drivers or drugs that were being used. I was not trained in the use of syringe drivers.

I am aware of investigations of the GWMH via the local press. I have no other issues or concerns that I wish to express.

Signed: W A EDGAR
2004(1)

Signature Witnessed by: