

**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: **CHAPPELL, JILL STEPHANIE MAUREEN**Age if under 18: (if over 18 insert 'over 18') Occupation: **STAFF NURSE**

This statement (consisting of 2 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: **JSM Chappell**Date: **17/07/2003**

I am the above named person and I live at the address overleaf. I qualified as a Nurse in 1979. I have worked in various hospitals and since February 1999 I have worked on the out patients department of the Gosport War Memorial Hospital .

I would describe general patient care at the hospital as excellent. I work on a small team that has high standards, however we do not have in patients. We do sometimes see patients in our clinics.

I am unable to comment on syringe drivers or Diamorphine because it is not something I have seen whilst at the GWMH.

There are no issues that have caused me any concerns at the hospital. I have not been spoken with by the Police or CHI.

I wish to say I am a friend of **Code A** the grand-daughter of Gladys RICHARDS . Our friendship is close but we do not talk about Gladys because I work at the GWMH.

Signed: JSM Chappell  
2004(1)

Signature Witnessed by:

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