

Code A

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5 February 2010
PRE/RP/12053/12053/Code A
Direct Line : **Code A**
Direct Fax: 020 7242 9579
fitness.to.practise@nmc-uk.org

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The Nursing and Midwifery Council has received concerns regarding you and former colleagues who worked at Gosport War Memorial Hospital. In the course of our enquiries

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I enclose a consent form and prepaid envelope and would be grateful if you could complete the form and return it to me no later than 12 February 2010.

If you have any questions arising from this letter, please contact me on **Code A** I am not in the office until 9 February 2010, but will be happy to speak to you after then.

A copy of this letter will be sent to the Royal College of Nursing.

Yours sincerely

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Enclosure(s) :

Consent form

Prepaid envelope

I give / do not give* my consent for the Nursing and Midwifery Council (NMC) to approach the following medical practitioners, listed below, to obtain a medical report regarding my health.

* (delete as applicable)

I understand that this report will be provided to me and my appointed representatives.

I understand that any report received will be made available to the NMC's practice committees.

Signed

Code A

Date

Name:

Address

Telephone

Email

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