



RESIDENT'S GP AUTHORISATION FORM

(To be completed by the resident)

NAME	
ADDRESS	
DATE OF BIRTH	
<p>I authorise my GP for the time being to provide:</p> <ol style="list-style-type: none">1. Relevant information about my current health and ability in connection with any application I make to become a resident of almshouses provided by Ottery Feoffee Charity (charity number 20295) <p>and</p> <ol style="list-style-type: none">2. Advice to 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.	
SIGNATURE	
DATE	
<p>I confirm that I have received and understood the Ottery Feoffee Charity Privacy Notice regarding how my data will be stored.</p>	
SIGNATURE	
DATE	

Updated July 2024