

**GP Declaration Form****Please complete the top half of this form before taking it to your GP**

(Please print using BLOCK CAPITALS)

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Programme Title: \_\_\_\_\_

Please indicate whether you give consent for your General Practitioner to release medical information about you to the Robens Centre for Occupational Health and Safety (the Robens). A summary of your rights is available under the "Access to Medical Reports Act 1988"

I (Name)..... (Date of Birth).....  
Of (Address).....  
.....

Consent to the release of medical information to the Robens  
(Doctor's Name).....  
(Doctor's Address).....  
.....

I \*wish / do not wish to have access to the report before it is supplied to the Robens. (\*Delete as appropriate)

Signed:..... Date:.....

**DECLARATION BY GP (To be completed by Doctor)**

The above named patient is registered with your practice and has been offered a place to undertake a teacher training course with work based teaching placements. Following the recommendations from Higher Education Occupational Physicians/Practitioners (HEOPS) it is recommended that an enquiry is made of the GP as to whether there is any evidence from their medical records, or from the GP's knowledge of the patient, which could give rise for concern regarding their ability to undertake the above. In view of this recommendation please respond to the following question, providing details as appropriate:

**Does this patient have any medical conditions or learning difficulties that in your opinion may require adjustments/ additional support in order to complete the course?**  
**Yes/No (please delete as appropriate)**

Doctor's Signature:..... Date:.....

Doctor's Name (Print):.....

Practice Stamp (ESSENTIAL)

**PLEASE RETURN THIS FORM TO THE PATIENT**

(Any fee required for completion of the form is the responsibility of the patient)