

Letter of Authorisation
[Primary Care Network Name] (“The PCN”)

The [X] Practice as a member of the [X] PCN wish to appoint [X] as the Primary Care Representative to act on our behalf at the PCN Committee meetings held in accordance with the Primary Care Network Agreement.

(1) Member Practice

Full Name:

Address:

Phone Number:

Email:

(2) Committee Representative to be appointed:

Full name:

Address:

Relationship to the Practice:

Signed:

.....

The Member Practice

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Date