

PART 3 - Medical Declaration

In order to progress your application, you must attend an appointment with one of the Committee's medical advisers. A medical examination cannot be arranged until the statement below has been signed.

I hereby give my consent to the Committee and its medical advisers viewing any medical records or reports which are relevant to my application to purchase APCs and to such information being used or kept in compliance with the Data Protection Act 1998.

My preferred location for my medical examination with the Committee's Doctor is:

Belfast Dungannon Hollywood Ballykelly

Signature:

Date:

Checklist

Please ensure that you have enclosed: (please tick)

- This completed form
- Your quotation obtained using the APC calculator on our website www.nilgosc.org.uk
- Your medical consent i.e. ensure that you have signed part 3 of this form
- The fee for the medical, cheque payee NILGOSC