**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**

 **F**ull Name: ……………………………………………………………….

 Address: ……………………………………………………………….

 Phone Number: ……………………………………………………………….

 Email: ……………………………………………………………….

**(2) Committee Representative to be appointed:**

 Full name: ……………………………………………………………….

 Address: ……………………………………………………………….

 Relationship to the Practice: ……………………………………………………………….

Signed:

…………………………………. ……………………………….

The Member Practice Date