[Practice Address 1]

[Practice Address 2]

[Practice Address 3]

Firearms & Explosives Licensing Manager

Thames Valley Police HQ

Date

Dear Sir/Madam,

**RE: FIREARMS LICENSING**

**[PATIENT NAME – DOB]**

I have received a request for medical information relating to the above-named individual for the purposes of assessing them for suitability in issuing them with a shotgun/firearm certificate.

I am unable to provide a report because I have a conscientious objection to the holding of firearms. I am aware of my responsibilities and obligations under GMC guidance on conscientious objection.

I am aware it is a matter for the police to decide whether or not to issue a certificate, in line with guidance jointly agreed between Thames Valley Police and the LMC.

Yours faithfully,

Signature of GP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Stamp