

My Wishes East Kent's End Of Life Register

Authorised Signatory Registration Form

NEW USER AMEND USER DELETE USER

Section A – User details - please complete in BLOCK CAPITAL letters

Full Name		Email	
Job Title		Organisation/ Surgery	
Telephone		Office location	

Section B – Please complete specimen signature below

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Section C – Line Manager's details

Line manager's Name		Organisation/ Surgery Name	
Job Title		Office Location	
Signature		Date	

Please return this form to:

Care Navigation Centre, Pilgrims Hospice, Hythe Road, Willesborough, Ashford,
Kent TN24 0NE

Fax 01233 504108