AMHP APPROVAL CONFIRMATION FOR WARRANT FORM

AMHPs should complete the first part of this form and AMHP Approval panel chair will complete the second part after the re-approval meeting. Please then contact XXXXXXXX who will facilitate the issuing of your new ID card.

NB: You must have a valid card to act as an AMHP!

AMHP to complete down to line only

Name: ..............................................................................................................................................
Team: .................................................................................................................................................
Office Base: ..................................................................................................................................
Office Telephone No.: ..........................................................................................................................
Rota – Please tick which Rota you are on or joining:-
- NORTH ESSEX
- SOUTH ESSEX
- SOUTHEND
- THURROCK

The following to be completed and signed by AMHP Approval Panel Chair for AMHP’s Approved – please keep a copy and give original to AMHP to ensure card is issued without delay.

Date of AMHP Approval Panel: ...........................................................................................................

AMHP Panel Members: ..........................................................................................................................

Approved for a period of ............... years to run from expiry date of current card

Signed (AMHP Panel Chair): ................................................................. Date: .................................