AMHP REAPPROVAL CONFIRMATION FOR WARRANT FORM

AMHPs should complete the first part of this form and AMHP Reapproval 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 Reapproval Panel Chair for AMHP’s re-approved – please keep a copy and give original to AMHP to ensure card is issued without delay.

Date of AMHP Re approval Panel: ...........................................................................................................

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

Expiry Date on current AMHP Card: ........................................................................................................

Re-approved for a period of ............... years to run from expiry date of current card

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