

General Medical Council

And

Dr [insert full name]

WITNESS STATEMENT OF [WITNESS NAME]

I [name of witness] of [[insert address] OR [an address made known to [insert party]]] will say as follows:

1. [[If witness' statement] I have been asked to make this statement by the [GMC/registrant] in relation to Dr [insert name of doctor]. I make this statement from matters that fall within my own knowledge. Where matters are not from within my own knowledge, I will state the source of my knowledge.] OR
2. [[If registrant's statement] I make this statement based on facts within my own knowledge, my memory and what I know to be my usual practice [or what I know to have been my usual practice at the relevant time, if different now].]
3. [Insert all other information in chronological order as far as possible.]
4. I understand that my statement may be used in evidence for the purpose of a hearing before a medical practitioners tribunal. I confirm that I am willing to attend any such hearing to give evidence if asked to do so.

I believe that the facts stated in this witness statement are true.

Signed.....

Dated.....

In the Fitness to Practise Procedures

General

Medical

**Council and
Dr [insert full name]**

EXHIBIT "*1"**

This is the Exhibit marked "***1" referred to in the statement of [insert full name of witness].