

The GP letter is required for the Grant of new certificates. It is only to be used on renewal applications if you are declaring a relevant medical condition.



**Gloucestershire  
Constabulary**

**GP Name or Surgery:  
Address:**

**Postcode :**

Dear Doctor

I wish to apply for a Firearms and/or Shotgun Licence from Gloucestershire Police. In order to do so, I am required to supply a factual medical report to Gloucestershire Police which I am willing to pay for.

The report will need to include whether or not I have **EVER** been diagnosed with or been treated for the following conditions/illnesses, if so then factual information is required.

- Acute Stress Reaction or an acute reaction to the stress caused by a trauma.
- Suicidal thoughts or self-harm.
- Depression or anxiety.
- Dementia.
- Mania, bipolar disorder or a psychotic illness, or a personality disorder.
- A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy.
- Alcohol or drug abuse.
- Diagnosed with a terminal illness in the last 2 years.
- Any other mental or physical condition which you think may be relevant.

If there is a history of the above relevant medical conditions, could the report please include information with the following items; reasoning for medical condition, duration of medical condition, details of medication prescribed and how long for and any further presentations of the condition.

Furthermore, can I please request that only information relating to the relevant medical conditions impacting upon my suitability to possess a Firearm, Shotgun or Explosives are commented upon. The provision of a simple print out of my medical history will not be acceptable for this purpose.

**The report should be e-mailed or handed back to me so that I can include it within my application.**

Please note that Gloucestershire Police do not seek your professional opinion as to my suitability to hold a Firearms/Shotgun licence, as this decision lies solely with them.

I would be grateful if you could expedite as soon as possible.

Please complete this letter and hand it in to your surgery and pay any fees requested. Have this completed letter ready to send in when you submit your application on-line or by post. If your situation dictates that you require this letter and it is not sent in as instructed then your application will be returned and not submitted.

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Yours sincerely,

Print name:.....

Date:.....

E-mail address for the return of the completed report.....

**The below is to be completed by GP or Surgery**

Dear Gloucestershire Firearms Licensing.

Patient Name.....

Date of Birth.....

I can confirm that if the above person has suffered from any of the below conditions then further information has been completed below as requested.

Known Conditions	YES	NO
Acute Stress Reaction or an acute reaction to the stress caused by a trauma.		
Suicidal thoughts or self-harm.		
Depression or anxiety.		
Dementia.		
Mania, bipolar disorder or a psychotic illness, or a personality disorder.		
A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy.		
Alcohol or drug abuse.		
Diagnosed with a terminal illness in the last 2 years.		
Any other mental or physical condition which you think may be relevant.		

If there is a history of the above relevant medical conditions, could the report please include information with the following items; reasoning for medical condition, duration of medical condition, details of medication prescribed and how long for and any further presentations of the condition.

GP Comments

Signed .....GP or Surgery

Print Name.....

Date.....

Practice.....

Surgery stamp here.

Have this completed letter ready to send in when you submit your application on-line or by post. This is required for all Grants and for renewals only where you are declaring a relevant medical condition require this completed letter, if it is not sent in as instructed then your application will be returned and not submitted.

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## Important Information for the surgery

- Please place a firearm code on the patient's record. If the patient begins to suffer from a relevant medical condition (listed below) or if there are any other factors that give rise to concern, please contact the police immediately so that we can review the person's continued suitability.
- Please use the following firearm codes which can be used with the four main IT systems used in GP practices in England, Wales and Scotland. The Read code should remain on the patient record while the firearm certificate or registration as a dealer is valid. We will inform you if the certificate is revoked, cancelled or expire, whereupon you should inactivate the Read code.
- If the patient is no longer registered with you please let us know as soon as possible.

### Firearm Read codes for the encoded reminder

Read Codes	For clinical systems using Read v2: EMIS, INPS Vision, MICROTEST Evolution  [Note that the stops are important parts of the code and must be included]	For clinical systems using CTV3: TPP SystemOne	SNOWMED CT
Has firearm certificate or registration as a dealer	9DP..	XaYbL	812101000000101
No longer has firearm certificate or registration as a dealer	9DT..	XaeXt	1033721000000109

### Relevant medical conditions

Relevant medical conditions which may affect a person's ability to safely possess and use a firearm can include:

- Acute Stress Reaction or an acute reaction to the stress caused by a trauma
- Suicidal thoughts or self-harm
- Depression or anxiety
- Dementia
- Mania, bipolar disorder or a psychotic illness, or a personality disorder
- A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy
- Alcohol or drug abuse
- Any other mental or physical condition which you think may be relevant.

### Further information

If you need further information about any aspect of the process or your involvement, please telephone or email the firearms licensing department.