

## To Whom It May Concern

**RE: Medical verification of stage 4 cancer diagnosis** (metastatic &/or advanced stage &/or multiple locations &/or poor outlook)

I am applying for a TimeOut Stay through TimeOut Charitable Trust. They connect holiday homeowners with individuals diagnosed with stage 4 cancer or an incurable illness, so they can take a much-needed break with family & friends. As part of the application process, I am required to provide medical confirmation of my eligibility. I would appreciate it if you could complete and sign the section below to confirm my diagnosis.

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**To be completed by a supporting GP, registered medical practitioner, registered nurse practitioner or registered clinical nurse specialist.**

Patient's Full Name: .....

Patient's Date of Birth: .....

Patient's NHI: .....

I, .....  
[Full Name of Registered Practitioner]

Confirm that:

- I am the supporting **GP / registered medical practitioner / registered nurse practitioner / registered clinical nurse specialist** (*please circle one*) of the above-named patient
- The patient has been diagnosed with **stage 4 cancer** (metastatic &/or advanced stage &/or multiple locations &/or poor outlook)

**Practitioner's Signature:** ..... **Date:** .....

Practice Name: .....

Practice Address: .....

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Thank you for your time and support.

[www.timeoutnz.org](http://www.timeoutnz.org)