

# RELEASE OF LIABILITY

I, (full name) \_\_\_\_\_

authorise MidCentral District Health Board to obtain details of previous employment, education and training records for the purpose of confirming actual past employment and to verify education and training.

This information will only be used to determine whether an applicant's supplied information is true and correct, in the course of their application for a vacancy as a Senior Medical Officer.

This information will be held in my personnel file held by Human Resources if successful and will be destroyed if I am unsuccessful in obtaining the position applied for.

\_\_\_\_\_  
**Applicant**

**Before:**

\_\_\_\_\_  
**Authorised Officer**

**Date:** \_\_\_\_\_