

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.

I understand that this information will only be used to determine whether the information I have supplied in the course of my application for employment at MidCentral District Health Board is true and correct.

I understand that this information will be held securely on my personal file in Human Resources if I am successful in obtaining employment at MidCentral District Health Board, and will be destroyed if I am unsuccessful in obtaining the position applied for.

Signature of Applicant:

Date:

Signature of Witness:

Name of Witness: