

To be filled in by the candidate.

I authorise Hedd and

COMPANY

The Allied Health Professions Council of Brunei Darussalam

to obtain data relating to my studies from

PLACE OF STUDY

for the purpose of data verification.

I understand that Jisc, the provider of the Hedd verification service, will keep a copy of this consent form and the verification details for as long as the information is still relevant, up to the duration of my working life plus ten years.

STUDENT ID NUMBER (IF AVAILABLE)

GIVEN OR FIRST NAMES

FAMILY OR SURNAME

FAMILY OR SURNAME AT THE TIME OF STUDY (IF DIFFERENT FROM ABOVE)

SIGNATURE (PEN-SIGNED)

DATE OF SIGNATURE (DAY/MONTH/YEAR)