**Reference Request Form**

Balmoral Healthcare is committed to protecting your data. In order to provide a reference to potential employers, we must obtain your consent before disclosing any information (as outlined in our Privacy Policy) to a third party.

**Please complete the reference request below to confirm your consent**

I request a reference to be completed by Balmoral Healthcare and directed to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.\* I give permission for my personal and employment information to be released to the aforementioned third party.

Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

You can find our Privacy Policy on our website: - [www.balmoral.healthcare](http://www.balmoral.healthcare)

All information stored by Balmoral Healthcare is in line with DPA (GDPR) May 2018

**\*Name of Company**