

**AUTHENTICITY OF DOCUMENTATION**

I \_\_\_\_\_\_\_\_\_\_\_ (Insert Name), do hereby declare that the documentation produced today is authentic and my own. I understand that Key Healthcare Services reserve the right to take photocopies for record.

I accept that should it be found that these documents are false and/or not my own, that Key Healthcare Services will terminate my application/employment and can contact both the **POLICE** and the **HOME OFFICE CRIMINAL INVESTIGATIONS TEAM** as a legal right.

Signed:

Print Name:

Date:

Countersignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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