

CONSENT FORM FOR AUDIT

I, _____, hereby provide my consent for my files to be audited by approved third-party auditors for the purpose of internal and external audits. I understand that this consents is in line with any contractual agreements held by Nova Healthcare Services Ltd and their customers.

I acknowledge that during the audit process, information form my files may be shared with other external organizations, such as the Home Office and DBS, in order to validate the information provided during my recruitment with Nova Healthcare Services Ltd.

By signing below, I confirm that I have read and understand the above statements and voluntarily provide my consent for the audit of my files.

Signature:

Date:



Nova Healthcare Services Ltd

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