

## Authority form

I authorise Verifile and your representatives to:

- carry out checks on my employment history, education, professional qualifications and membership of professional organisations;
- take up character/professional references;
- confirm the information I have provided including information provided to the organisation which has requested these background checks and to Verifile; and
- carry out any other background checks that are necessary, including a credit and criminal check.

I give all previous employers, educational institutions, professional institutions, credit agencies, government organisations and others permission to give you and the organisation which has requested these background checks (or people acting for them), information about my background (including information about my driving records, credit records, criminal records and other public records) to you and to the organisation which has requested these background checks or people acting for them, in the European Union and, if appropriate, other countries regulated by data protection directives.

I also authorise you and your representatives to give personal information about me to other organisations if this is necessary for you to carry out the checks.

I agree to my personal information being transferred outside of the European Economic Area if this is necessary to complete checks. I also authorise organisations in any country to give my personal information to the organisations referred to above, and the organisation that has requested these background checks, as long as this is in line with relevant laws.

By signing below I confirm that I have read and understand your privacy policy (shown on the website at <https://www.verifile.co.uk/privacy-policy>) about handling personal information. I understand that in some circumstances you may continue to carry out searches if instructed to do so by the organisation which has requested these background checks and I agree to this.

Your name:

\_\_\_\_\_

(in BLOCK CAPITALS)

Your signature:

Your date of birth:

Date:

