

**Ophthalmic Professionals – General Ophthalmic Services**

**Declaration of consent:**

I consent to a request being made by the Strategic Planning & Performance Group, Department of Health (NI) and its associated organisation (Business Services Organisation) to any employer or former employer, licensing, regulatory or other body in the United Kingdom or elsewhere, for information relating to a current investigation or an investigation where the outcome was adverse, into me or a corporate body. I understand for the purposes of this consent that “employer” includes any partnership which I am or was a member.

Print Name: \_\_\_\_\_ GOC No: \_\_\_\_\_

Signed: \_\_\_\_\_

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

Please return this signed consent form with your completed application form and supporting documentation to the following address:

Mrs Karen Lee  
Ophthalmic Professional Support Services  
Business Services Organisation  
2 Franklin Street  
Belfast  
BT2 8DQ  
028 9536 3745  
[Karen.Lee@hscni.net](mailto:Karen.Lee@hscni.net)