



Sengkang
General Hospital
SingHealth

**AUTHORISATION AND RELEASE OF
DOCUMENTS & INFORMATION TO
SENGKANG GENERAL HOSPITAL**

I, CARIÑAGA, LORIE MAE V., hereby authorise every person,
(Full Name of Applicant)

hospitals, companies, organisations, accreditation agencies, professional societies, institutions of tertiary education, professional associations, licensing authorities and their appropriate sources in authority in which I have been trained, practised or worked in, to release records, documents and information concerning my licensure, professional qualifications and competency, character and other information pertaining to me to the representatives of the Human Resource Division, Sengkang General Hospital (SKH), for the purpose of conducting primary source verification and/or employer reference check in relation to my job application.

I further request and authorise that the requested information, documents and records be sent directly to:

Human Resource Division
Sengkang General Hospital
110 Sengkang East Way
Singapore 544886

I hereby release and discharge SKH, its agents and all persons, hospitals, companies, organisations, accreditation agencies, professional societies, institutions of tertiary education, professional associations, licensing authorities and their appropriate sources in authority having control from any and all liability for any communications, reports, records, statements, documents, recommendations or disclosures involving me made in good faith and without malice requested or received by SKH.

I agree and understand that the authorisation given by me shall be irrevocable for a period of one year and that a copy of this authorisation shall be as binding as the original.

Signed by

In the presence of

CARIÑAGA, LORIE MAE V.

CARIÑAGA, LIEZEL ANNE V.

Full Name of Applicant

Full Name of Witness

Signature

Signature

April 10, 2022

April 10, 2022

Date

Date