



Sengkang
General Hospital
SingHealth

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

I, Sarah Alyssa A. Dayao, 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

Sarah Alyssa A. Dayao
Full Name of Applicant

Don Joseph P. McFante
Full Name of Witness

[Signature]
Signature

[Signature]
Signature

04/10/22
Date

4-10-22
Date