

Written Permission Form
(Please complete & return to CPS)



I, the undersigned give my permission on behalf of the Company / Organisation named below for the Community Pharmacy Scotland PVG Team to securely destroy any documents relating to applications made to Disclosure Scotland on behalf of employees from the Company / Organisation named below.

Written Permission Form	
Company / Organisation Name	
Named Contact <i>(Please Print)</i>	
Named Contact Signature	
Date	