



**General Manager
National Kidney Foundation of Samoa**

AUTHORISATION FORM

I, _____ (Applicant’s name), authorize the Selection Panel for the above position to undertake all necessary background and verifications checks in relation to my application for the position of General Manager, National Kidney Foundation of Samoa.

I can be contacted for all matters relating to this position on the following:

- Home / Work Address: _____
- Telephone: _____
- Mobile: _____
- Email: _____

.....
Signature

.....
Date