

Special Treatment Licence Consent Form

Consent of individual to have Qualifications confirmed with Issuing Authority in accordance with General Data Protection Regulation (GDPR)

I _____
[Full name of therapist]

Of: *(Home address of therapist)*

Hereby confirm that I give my consent to have my qualifications checked by the issuing authority in accordance with the **General Data Protection Regulation (GDPR)**.

Relating to a premises licence

[Name of Premises, if any]

For:

[Address of premises to which the application relates]

Signed

Name (please print)

Date