



Tel: 01565 752000 Fax: 01565 650264

United Kingdom Health Authority Approval Form

*First Name (Candidate):

*Surname:

*Course Attending/Exam:

*Date of course:

*Location of course:

*Price of course: (inc. VAT) £

****Please invoice the Health Authority for the sum of £..... as detailed below:***

*H/A Name:

* Address:

.....

.....

*Postcode:

*H/A Purchase Order No/Ref No:
(i.e study leave No.)

* Authorised by:

*Print Name:

* Position: *Contact Tel. No:

Please forward invoice to:

NameDept

Address

.....

TownCounty

Postcode



Authorised Health Authority stamp

***This form must be authorised by the Study Leave Funding Dept.
We require a valid Health Authority stamp before PasTest Ltd can accept this form.
All sections marked with an * must be completed or form becomes void.***