



Dear UK PSC team,

By returning this form, I confirm that I do not want my personal details to be shared with The Health and Social Care Board, Northern Ireland.

Important: Please fill in the following details so that we can amend our records.

Your study ref no.	R-UKPSC<XXXX>
Title:	
First name:	
Surname:	
Full address:	
Tel (optional)	
Email (optional)	

Please post this form to:

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