



**GLOBAL HEALTH AND IMMIGRATION CONSULTANCY-GHIC LTD**

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**CANDIDATE CONSENT FORM**

**Authorization for Credential Processing and Job Application Support**

I, **Name:** \_\_\_\_\_ **of ID No.:** \_\_\_\_\_, hereby authorize Global Health and Immigration Consultancy (GHIC LTD) to act on my behalf in matters relating to my international healthcare credential processing and employment applications under the CANAPath Program.

This consent includes, but is not limited to, the following actions:

1. Assisting with the submission and management of my educational, professional, and identification documents to third-party organizations including WES, NNAS, NCAS, or other recognized credential evaluation bodies.
2. Completing or supporting the completion of credential verification forms required by my training institutions or licensing bodies.
3. Creating and managing a separate professional email address (e.g., [firstname.lastname.ghic@gmail.com](mailto:firstname.lastname.ghic@gmail.com)) for the purpose of handling official communication with employers, immigration authorities, and evaluation agencies on my behalf.
4. Communicating directly with prospective employers, government agencies, regulatory authorities, and third-party institutions on matters related to my application.
5. Receiving and forwarding any updates, requests, or results relating to my application and documentation.

I confirm that all the information and documents provided to GHIC LTD are accurate and authentic. I understand that this consent is granted for the duration of my participation in the CANAPath Program and may be revoked in writing at any time.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

**Client Information**

Full Name: \_\_\_\_\_

ID/Passport No.: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_