**Witness Statement**

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| --- | --- |
| **Witnesses Name** |  |
| **Witness Address** |  |
| **Witness contact details:** |  |
| **Date witness statement taken:** |  |
| **Time witness statement taken:** |  |

The information provided on this form will be processed in accordance with our Data Protection Policy and Privacy Notices.  For further information please visit <https://www.ulster.ac.uk/about/governance/compliance/gdpr>

***Witness Statement:***

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| ***Please provide a detailed description of events*** |
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***Any additional details you wish to add:***

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***Declaration:***

I, *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*,confirm that;

1. That this statement has been made of my own free will and I have not been influenced in any way in preparing this statement
2. The details herein constitute my true recollection of events

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**End of Document**