

CONSENT FORM FOR TRUSTED REPRESENTATION

OFFICE OF THE REGISTRAR

This Consent Form is to be filled in by any Client requiring a service from the Office of the Registrar, through a Trusted Representative Client is kindly asked to fill in this form using legible writing and in Blue ink and pass it on through his/her trusted representative together with client's own formal identification document (such as ID Card, Driving Licence, Passport or similar).

GDPR

The personal information provided in this application form shall be processed in accordance with the provisions of the Data Protection Act (Chapter 586 of the Laws of Malta) and the General Data Protection Regulation (and for the purpose(s) of your studies here at MCAST.

The processing is based on the necessity of this data for the performance on a contract (student's application form to join MCAST, and its acceptance by both parties are considered to be a binding contract)

Your personal information will not be disclosed to any third parties unless strictly required by law.

The Data Protection Officer's contact details are dpo@mcast.edu.mt

You have the right to request access to your personal data as well as the right to rectify and where applicable, erase any inaccurate, incomplete or immaterial personal data to request restriction of processing, to object to processing and to request data portability for the data held by MCAST.

If you consider that the processing of your personal data is carried out in an unlawful manner, you may lodge a complaint with the Information and Data Protection Commissioner.

The retention period of the personal data you provided in this application is as laid out in the MCAST Data Retention and Destruction Policy, which can be obtained from <https://www.mcast.edu.mt/data-protection-documents/>.

You can withdraw your consent at any time by sending a request to the MCAST Data Protection Officer on dpo@mcast.edu.mt. This right only applies for personal data collected based on a consent only.

I do hereby authorize MCAST to process my personal data contained in this form for the above specified purposes.

Client's ID Card Number

Client's Signature

Client requesting service

Name and Surname _____

Client's ID Card Number _____ Mobile Number _____

MCAST E-mail Address _____

Title of Course & Level _____ Part time or Full time _____

I, the undersigned, give consent to my trusted representative – details of whom are being provided hereunder – to avail of the service noted further on, on my behalf:

Trusted Representative

Name and Surname _____

Trusted Representative's ID Card Number _____

Collection of Course Certificate		Official Correspondence	
Re-Print of Certificate		Application for a Course	
Transcript of Course		Enquiry on Stipends	
Diploma / Certificate Supplement		Enquiry on Maintenance Grants	

Other: (if not listed above) _____

Client's Signature_____
Date of Signature**To be filled in at the Office of the Registrar**_____
Trusted representative's Signature confirming
availing of service on behalf of client_____
Date when service availed

For Office of the Registrar _____