**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.

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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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Client’s Signature Date of Signature

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| --- |
| **To be filled in at the Office of the Registrar** |

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Trusted representative’s Signature confirming Date when service availed

availing of service on behalf of client

For Office of the Registrar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_