



GDPR FORM INTERNATIONAL APPLICANT

PERSONAL DETAILS NAME AND SURNAME: PASSPORT NUMBER: **GDPR Declaration** YES No • I accept that the information provided on the online application form can be shared within MCAST and MG2i for all academic and administrative purposes. YES No • I accept that the information provided on the online application form can be shared with other entities/authorities/ departments as authorised under respective legislation. • I agree to allow the designated agent to input my data on the online application form and to forward my YES No educational documents to MCAST and MG2i. • I permit MCAST and MG2i to share information relating to my application YES No and my studies with the designated agent. YES No • I declare that MCAST and MG2i may use the information on the online application form to send me relevant promotional material. YES No • I declare that I am aware of the conditions regarding my right to be forgotten. I also declare that I am aware of my rights and conditions thereof, regarding the processing of my data at the point of signing this consent form - including my right to modify my consent to any of the above clauses.

Data Protection Officer Contact Email: dpo@mcast.edu.mt

Signature of Applicant:

Date