

## Nominated Contact Details To be completed by all learners

As permitted by Article 6.1 (d) of the GDPR 2018, I give my consent that the College will use the following Nominated Contact Details if there is a concern for my health, lifestyle or safety.

### Nominated Contact No. 1

Name:

Daytime No:  Mobile No:

Relationship to you:

### Nominated Contact No. 2

Name:

Daytime No:  Mobile No:

Relationship to you:

Your success at CAFRE is best achieved through the support from staff, College support services, family and friends. The College requires your consent to use your Nominated Contact details to discuss matters relating to your progress within the College.

Please select one of the following consent options regarding issues that may affect your progress (including performance, attendance and disciplinary matters):

**I give consent** for the College to contact my Nominated contact regarding progress.

**I do not give** consent for the College to contact my Nominated contact regarding progress.

**You may withdraw your consent to this at any time by contacting College Education Admin.**

## Over 18 Learner Agreement

1. I understand and accept that while studying at CAFRE I will be subject to the Regulations, Policies and Procedures of CAFRE.
2. I understand that I am over 18 therefore will be treated and will also behave like an adult and that parent/ guardian intervention should not be required.
3. I consent to CAFRE staff administering first aid and/ or taking me to Hospital/ phoning an ambulance in the event of an emergency.
4. I agree to accept liability for my debts to CAFRE **and I understand that failure to pay any sums of money under contract can be disclosed to any debt collecting agency.**
5. I agree to study, develop my personal independence and demonstrate personal responsibility for my actions during my period of study at CAFRE.

**Student Name:**

**Course:**

**Signature:**

**Date:**