

## 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.**

**I understand and consent to the points listed in the Student Agreement.**

**Student Name:**   
**Course:**   
**Signature:**   
**Date:**

## Parent/Guardian/Carer Consent Form (Under 18 Students Only)

Dear Parent/Legal Guardian,

As your son/daughter/ward is commencing as a learner at CAFRE and they are under the age of 18, we are informing you about CAFRE's policy and procedures in relation to their protection and safety, which address the requirements of current legislation.

Before your son/daughter/ward can be enrolled with CAFRE, we require you to read and acknowledge your understanding and consent of the following:

1. I/we understand and accept that while studying at CAFRE my/our son/daughter/ward will be subject to the Regulations, Policies and Procedures of CAFRE.
2. I/we understand that the College of Agriculture, Food and Rural Enterprise (CAFRE) does not act 'in loco parentis' for my/our son/daughter/ward.
3. I/we consent to the activities that my/our son/daughter/ward will be officially undertaking as part of his/her studies / extra-curricular activities
4. I/we consent to CAFRE staff administering first aid and / or taking my/our son/daughter/ward to Hospital/ phoning an ambulance in the event of an emergency.
5. I/we agree to accept liability for any of my/our son's/daughter's/ward's debts to CAFRE.
6. I/we understand and accept that CAFRE is an adult environment and that my/our son/daughter/ward will generally be treated as an adult where the law permits.
7. I understand that the college will attempt to act in the best interests of my son/daughter/ward and work to develop independence and personal responsibility and that at times the college may choose to deal with minor issues without my direct involvement.
8. I/we understand that, in accordance with statutory requirements, it is not possible to offer confidentiality to a person under 18 and that any disclosures must normally be reported to a parent/carer/legal guardian apart from child protection and safeguarding issues which will be reported to appropriate authorities.
9. I/we understand that subject to paragraph 7 (above), the operation of the General Data Protection Regulation and Freedom of Information Act prevents CAFRE releasing information relating to my/our son's/daughter's/ward's academic, personal or social progress without him/her giving express consent to this. **However, failure to pay any sums of money under contract can be disclosed to myself/ourselves or any debt collecting agency.**

10. I/we realise that this consent form becomes null and void once my/our son/daughter/ward reaches the age of 18.

Learner Name

Programme

I understand and consent to the points 1 to 10 set out in the accompanying document 'Appendix 1, Parent/Guardian/Carer Consent Form'.

Name of Parent/Guardian/Carer   
(Block Capitals)

Invoice Name (if different from above)   
*\* See point 5 above*

Invoice Address

Signature

Date