**Personal Data Consent Form**

|  |  |
| --- | --- |
| Full Name |  |
| Address  |  |
| Mobile Phone Number |  |
| Email Address |  |
| \*Family details including spouse and children |  |

\*information required for family orientation day and ongoing support programme

I hereby consent to CITI receiving and retaining this information, and any other relevant information subsequently received, in line with its published GDPR policy.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_