

Full Learner Name *(please print name)*

Learner Date of Birth

Learner Residential Address

Postcode:

DECLARATION

- I declare that the information I have provided is true and correct, to the best of my knowledge.
- I understand and declare that below information was provided by REACH for Training:

(Please indicate below)

- Details of the fees chargeable and Learner information
- Consumer Protection Information
- I understand and consent to any subcontracting arrangements (if applicable)

Learner Signature

Date

The purpose of this form is to authorise another person and/or an organisation to enquire or act on your behalf

Your authorised person's details:

and/or

Your authorised organisation's details:

Mr Mrs Miss Other

Family Name

First Given Name

Second Given Name

Authorised person's date of birth

Organisation Name

Organisation Contact Number

Learner relationship to authorised person/organisation *(example: partner / friend / guardian / case manager, councillor)*

DECLARATION

- I understand that, in the circumstance that I am not available; I authorise the person/organisation named on this form to act on my behalf in relation to the release of my personal details.
- I understand that, the authorised person/organisation named in this form **MUST** provide valid photo identification, and/or identification that enables REACH for Training staff to verify their identity, at the time of implementing this request with REACH For Training on my behalf.
- I have read, I understand and I accept the responsibilities and obligations for this arrangement.

Learner Signature

Date

NOTE: For Learners under the age of 18, a parent or legal guardian must print their name and sign this form below

Full name of parent or legal guardian

Signature of parent or legal guardian

Date

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