



**Directorate for Research, Lifelong Learning and Employability
Direttorat ghar-Riċerka, Tagħlim Tul il-Hajja u Impjegabilità**

Parent/ Legal Guardian consent form on behalf of students of age 15

I the undersigned, Mr/Ms/Dr: _____ ID. _____

Parent/Legal guardian of: _____ ID. _____

referred to as the “Student”, give my consent to the Student to enrol on a part-time educational course (course can also be delivered online), with the above Directorate. I also give consent to the Directorate to obtain personal details of the Student limitedly to those required for the performance of the course, for research and statistical purposes. Personal data including visual images of the Student may be retained by the Directorate to form part of its historical records. No personal data of the Student shall be transmitted to third parties without the express consent of the Parent/Legal guardian, except to other Government entities when this is required for the performance by the Directorate of its legal obligations.

In accordance with the provisions of the General Data Protection Regulation (GDPR) and the Data Protection Act cap. 586 of the Laws of Malta, the Parent/Legal Guardian is hereby informed that he/she can order rectification/deletion of the Student’s personal data and/or to withdraw at anytime the consent given herein without prejudice to the legality of consent previously given.

Parent/ Legal Guardian _____ Witness to Signature _____

ID. _____

Date _____

Note: This form shall be presented to the class educator duly completed on the first day of the course. Students concerned shall not be allowed to commence the course in the absence of presentation of this form.