

EMPLOYEE INFORMATION

Name _____ whose contact details are as follows:

Address
.....
.....

Phone number

Emergency contact name & number

Email address

Commencement date of employment

Date of Birth

PPS No.

Medical conditions

In accordance to the General Data Protection Regulations 2018 and the Stud’s Data Protection Policy you are required to [v] tick this box **IF YOU CONSENT** to your information being held by the Trainer / Trainer’s personnel and used for correspondence from the Trainer / Trainer’s personnel only in relation to your employment.

You are required to [v] tick this box **IF YOU CONSENT** to your information being given by the Trainer to other persons for employment purposes, i.e. Revenue, Accountant and Payroll outsourcing.

SIGNED for and on behalf of the Trainer

SIGNED for and on behalf of the Employee

Date