**Personal Data Consent Form.**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Address & Post Code** |  |
| **Contact Telephone / Email address** |  |
| **Date of Birth** |  |
| **Marital Status including spouse and children** |  |
| **Educational qualifications, grades & dates** |  |
| **Professional qualifications, grades & dates** |  |

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_