

**Appendix 1**

**Third Party Representative Form**

**This form must be completed if you wish to formally appoint a third party to represent you during a University process (e.g. a friend).**

**It is not required if you are representing yourself but wish to seek advice or support from a third party (e.g. SUBU Advice).**

**It is also not required if you wish to give consent for the University to discuss your case with a third party (e.g. a parent/guardian). In this case, you should email the person dealing with the matter at the University.**

**1. Additional notes**

If you have any queries regarding completing this form, please email [appeals@bournemouth.ac.uk](mailto:appeals@bournemouth.ac.uk) or contact [SUBU Advice](http://www.subu.org.uk/main-menu/advice/contact-us)

(E-mail [studentadvice@bournemouth.ac.uk](mailto:studentadvice@bournemouth.ac.uk), telephone (01202) 965779).

If this document is not in an accessible format to you, please contact Academic Quality, telephone (01202) 961244, who will endeavour to supply the information in a more suitable format.

**2. Student details**

|  |  |
| --- | --- |
| Print Name in CAPITALS: |  |
| Student ID number: |  |
| Course: |  |
| Level/Year: |  |
| Reason for appointment (e.g. Appeal, Complaint, Disciplinary): |  |
| Have you sought support and guidance from SUBU Advice (Yes/No) |  |

I confirm that I agree to the terms outlined in this procedure:

* I am appointing the named third party as my representative to deal with this matter on my behalf.
* I understand that the University will deal with my representative regarding this matter unless I end this arrangement by writing to the University ([appeals@bournemouth.ac.uk](mailto:appeals@bournemouth.ac.uk)).
* I give permission to the University to provide information to the third party relating to this matter. I agree that the University may release my personal data to the third party, including sensitive personal data.
* I understand that this appointment will be in place for **3 calendar months** from the date that the University receives it. If I wish to extend this arrangement, I will need to complete this form again and send it to the University.

**Signed:**

**Date:**

**3. Third party representative details**

|  |  |
| --- | --- |
| Name and title: |  |
| Daytime telephone number: |  |
| Email address: |  |

I confirm that I agree to the terms outlined in this procedure.

**Signed:**

**Date:**

**(For University use only)**

**In support of appointing a 3rd party representative**

Form complete

Date received: \_\_\_/\_\_\_/\_\_\_\_\_

Date of first expiry: \_\_\_/\_\_\_/\_\_\_\_\_

Date of second expiry: \_\_\_/\_\_\_/\_\_\_\_\_