Permission Form Candidates in relation to References

TITLE: Mr/Mrs/Miss/Ms/Dr

FULL CANDIDATE NAME: ………………………………………………………….

POSITION APPLIED FOR: ………………………………………………………….

I HAVE APPLIED FOR THE POSITION LISTED ABOVE WITHIN CITY LEARNING TRUST.

I UNDERSDTAND THAT IN ORDER TO COMPLETE MY APPLICATION REFERENCES MUST BE SOUGHT ON MY BEHALF AND ARE A STATUTORY REQUIREMENT FOR ANY EMPLOYEE OR VOLUNTEER P0SITION WITHIN EDUCATION.

I HERBY GRANT FULL PERMISSION FOR MY PROFESSIONAL RECORDS AND DATA TO BE SHARED WITH THE CITY LEARNING TRUST.

SIGNATURE: …………………………………………………

DATE: …………………………………………………………..