Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

***I agree to the management of my personal data in accordance with the General Data Protection Regulations (GDPR) 2018****.*

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***Examiner:***

***Class Secretary:***

Name:

Address:

Phone:

Email:

 Block Capitals Signature

 ***Instructor:***

 Block Capitals Signature

**Return completed form to your certificate secretary**