

Recruitment Partner Referral Form

Please write in CAPITAL LETTERS using black ink

| | |
|------------------------------------|----------------|
| RECRUITMENT PARTNER DETAILS | |
| Company: | _____ |
| Contact person: | _____ |
| Telephone: | _____ |
| Fax: | _____ |
| Email: | _____ |
| Address: | _____ _____ |
| Post code: | _____ |

| | |
|-------------------------------------|----------------|
| APPLICANT DETAILS | |
| Family Name: | _____ |
| First Name(s): | _____ |
| Male/Female (delete as appropriate) | |
| Date of Birth: | _____ |
| Nationality: | _____ |
| Address: | _____ _____ |
| Post code: | _____ |

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|---|-----------|
| DATA PROTECTION ACT 1998 | |
| I agree to the University processing personal data contained in this form or other data which the University may obtain from me or other people. I agree to the processing of such data for any purposes connected with my studies or my health and safety whilst on the premises or for any legitimate reason including communication with me following the completion of my studies. In addition, I agree to the University processing personal data described as Sensitive Data within the meaning of the Data Protection Act 1998, such processing to be undertaken for any purposes as indicated in the declaration above. | |
| Declaration | |
| I confirm that the above named Anglia Ruskin Recruitment Partner is authorised to receive correspondence from Anglia Ruskin University on my behalf. I certify that the information on this referral form is true, complete and accurate and that no relevant information has been omitted: | |
| Signature of student applicant..... | Date..... |
| Signature of Parent or Guardian if under 18 years old..... | Date..... |

I have verified the above and agree to inform the contact person at Anglia Ruskin University of progress in the applicant's visa application and also update the University immediately of any information relevant to this application.

Signature of Recruitment PartnerDate.....