**Third Party Representative Form**

**Request to have a third party represent you during a University process (e.g. Academic Appeal; Academic Misconduct; Support for Study; Fitness to Practise; Mitigating Circumstances; Non-Academic Misconduct; or Student Complaint Policies)**

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| 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 or a supporting person). This is not required if you are representing yourself but wish to seek advice or support from a third party (e.g. TSDSU) and do not wish them to be copied into correspondence or to attend meetings with you. |

Before completing this form, you should read the Third Party Involvement Policy.

You are reminded that the Students’ Union can be approached at any time for advice and support on any issue.

This form should be typed, or completed in black ink, and sent to the Academic Office (aocases@uwtsd.ac.uk) (Ref: Third Party Representative)

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| All communications relating to this request for review during its process must be in writing and either emailed or posted to: |
| **(for email)**Email: aocases@uwtsd.ac.uk Subject: Third Party representative | **(for post)**Academic Office (Ref: Third Party representative)University of Wales Trinity Saint DavidCollege Road CarmarthenSA31 3EP |

**SECTION A: Student Details**

|  |  |
| --- | --- |
| Student Name: |  |
| Student Number: |  |
| Contact Address: |  |
| Contact Telephone Number: |  |
| E-mail address: |  |
| Programme of Study: |  |
| Institute: |  |
| Campus: |  |

**SECTION B: Agreement**

* I confirm that I agree to the terms outlined in the Third Party Involvement Policy.
* 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 (aocases@uwtsd.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 confirm that my nominated third party representative is not a legal representative. 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.

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| Signed:  | Date:  |

**SECTION C: Third Party Details**

|  |  |  |
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| Role: | Supporting Person [ ]   | Third Party Representative [ ]  |
| Name and Title: |  |
| Contact Phone Number: |  |
| Email Address: |  |

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

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| Signed:  | Date:  |