

**College/School/Centre Withdrawal of Consent Form**

**Details of the Controller:**

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| This request is made to: Music Generation Sligo |

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| Address: Mayo Sligo Leitrim Education and Training Board, Quay St., Sligo. |

**Details of data subject:**

**I am a:**

* Parent/Guardian
* Learner (over 18 years)

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| My Full Name: |
|  |
| My Address: |
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|  |
| Contact Number: |

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| Name of Data Subject (Learner): |
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**For the purpose of proving my identity, I attach a Garda verified copy of 1 of the following:**

* Passport
* Birth Certificate
* Driving License
* Recent utility bill

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*insert signature of Parent/Guardian/Learner over 18 years*] **wish to withdraw my consent** (under section 71(3)(C) of the Data Protection Act 2018) thatphotographs and video footage of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [learner’s name here] may be taken and used by or on behalf of Music Generation Sligo/ Music Generation to promote its activities (currently and in the future) in the following circumstances; as selected by me:

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| ***Photographic Image and/or Videographic footage of the learner for the purpose of:*** |
| ***Please tick the use for which you wish to withdraw consent*** |  |
| On Music Generation Sligo’s/Music Generation’s website, and/or MSLETB’s website, social media and any other online publication associated with Music Generation’s programmes / services. |  |
| Given to third parties, with the learner’s name, for the purpose of being used in print media *e.g.* newspapers, magazines, brochures / leaflets, posters, prospectus, reports books and other similar publications, *e.g.* a learner attaining top results in their course/apprenticeship/traineeship.  |  |
| Displayed within Music Generation Sligo and including the learner’s name *e.g.* an image of a learner awarded the highest result in his/her course with his/her name below. |  |
| For promotional purposes related to Music Generation Sligo *e.g.* prospectus or a video of a production. |  |

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| **Signed:**  |
| **Printed Name:** |
| **Date:** |

**Please return this form to**: Music Generation Sligo, Mayo Sligo Leitrim ETB, Quay St. Sligo

**Note**: we require proof of the applicant’s identity to ensure that the person making this request is acting legitimately within sections 91(3) or 92(5).

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| **Request ref no.:**  |
| **Date request received:**  |
| **Proof of identity provided:**  |
| **Any other relevant comments:** |
|  |

**Office Use Only**