SPECIAL POWER OF ATTORNEY

I, the undersigned

Surname of Learner	
Full name/s of Learner	
DISP number (Learner number)	
ID number of Learner	
Institution of employment	

Nominate, constitute and appoint:

Surname of Agent	
Full name/s of Agent	
ID number of Agent	
Relation to Learner	

I accept that:

- My nominee will be able to obtain my account, financial and academic information from the Academy and will be contacted if I cannot be reached.
- The Academy will record my nominee's name, ID number and telephone number for this purpose for the duration of my enrolment and one year thereafter.
- By signing, I confirm that I have agreed to this and that I have read the Privacy Notice.
- I may cancel this nomination at any time by writing to the Information Officer at the Academy.

SIGNED AT _____ ON THIS ____ DAY OF _____ 20____

LEARNER: _____

As witnesses:

1. _____

2. _____