

## DECLARATION TO DROP IEU SUPPORT SESSIONS

<b>Section A: LEARNER DETAILS</b>			
Name:		Surname:	
ID No.:		Age:	
Mobile no.:		Phone no.:	
MCAST email address:			
<b>Section B: DECLARATION</b>			
I would like to drop support sessions in:			
<input type="checkbox"/> Maths	<input type="checkbox"/> Maltese	<input type="checkbox"/> English	<input type="checkbox"/> General support
<input type="checkbox"/> Other:			
<b>Section D: CERTIFICATION</b>			
I, the undersigned hereby certify that the information provided is true and correct. I confirm that I am fully aware of the implications of this decision, that I am free from any pressure to assume this responsibility and that IEU Support Sessions can be provided again through a formal request to the IEU.			
The information provided and collected through this form will be treated by MCAST in strict confidence and processed in accordance with our applicable Privacy Notice only for the purposes specified in the same notice.			
Learner signature:		Date:	
<b>If learner is under 16, complete the following section.</b>			
Is the learner aware of the request to drop access arrangements?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Parent 1 / Legal Guardian 1	Parent 2 / Legal Guardian 2	
Name:			
Surname:			
Contact number:			
Email address:			
Signature:			
Date:			
<b>FOR OFFICE USE ONLY</b>			
Approved by:	<i>name and surname in block letters</i>		
Signature of IEU Deputy Director:		Date:	