



Children's Hospital School

'Better Together'

Consent Withdrawal Form - Adult

Please complete and deliver this form to the school office with your signature.

Please note that as a school we may have contractual, statutory and/or regulatory reasons why we will still process and hold details of a pupil, parent, staff member, volunteer or other person.

Withdrawal of consent for an individual

I, , withdraw consent for The Children's Hospital School to process my personal data. I withdraw consent to process my personal data for the purpose of , which was previously granted.

Signed:

Date:

Received by The Children's Hospital

School staff member:

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