

Course: BSc (Hons) Diagnostic Radiography, BSc (Hons) Radiotherapy and BSc (Hons) Medical Ultrasound

AGREEMENT FOR PROVISION OF A REFERENCE

The University would normally expect to provide references in respect of students applying for employment or for further training and frequently receives such request. Please confirm, by completing this form that you give consent to a reference or references being written. You may also take this opportunity to specify which organisations should be responded to.

The University will provide you with a reference for up to five years after graduating. Unless otherwise notified, the validity of consent will be for the same five year period.

Without a consent form we are unable to provide a reference and the requesting organisation will be notified accordingly.

Course: (circle as appropriate)

BSc (Hons) Diagnostic Radiography, BSc (Hons) Radiotherapy and BSc (Hons) Medical Ultrasound

Name of Student _____

Date of Birth _____

Student ID _____

When asked to provide the email address for your University Referee all students should use Radiog.staff@bcu.ac.uk rather than that of an individual staff member.

AUTHORISATION BY STUDENT

I understand that a copy of the reference will be kept on file and that this may be accessed by members of the academic and administrative staff in the Faculty if required for the purposes of their work.

I agree to the Faculty providing a reference to **(tick as appropriate)**:

- All organisations who may request a reference

OR

- Only to the organisations that I have listed below or that I subsequently identify in writing to the Department Office.

Signature _____ Date _____

Completed forms should be handed in on Sunday 15th September 2019 to the Course Team