

**Course: BSc (Hons) Radiotherapy  
  
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: BSc (Hons) Radiotherapy**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](mailto: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 **(delete 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Return your completed consent form to:**  
Lisa Kiddie, Course Co-ordinator: [lisa.kiddie@bcu.ac.uk](mailto:lisa.kiddie@bcu.ac.uk)