

## Personal Representative (PR) Appointment Form

Anyone who intends to apply for a grant from the International Fund for Christian Science Nursing but has trouble filling out online forms can appoint a Personal Representative to help with this application. The form below has been created to help the requester formalise this relationship with a personal representative and enables IFCSN to proceed to the review of an application in a manner compliant with European and UK GDPR laws, the recent data privacy laws.

### Personal Representative's Information

Title (Mr/Mrs/Dr etc.): \_\_\_\_\_

Given Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal code \_\_\_\_\_

Country \_\_\_\_\_

Email address: \_\_\_\_\_

Phone (including country code): \_\_\_\_\_

I understand that I am acting on behalf of the Requester and I commit to following IFCSN's procedures for keeping the application process GDPR compliant.

I authorise the processing of personal data contained in this form based on art. 13 of Legislative Decree 196/2003 and art. 13 of EU Regulation 2016/679 concerning the protection of natural persons with regard to the processing of personal data.

Print PR's Name: \_\_\_\_\_ Date: \_\_\_\_\_

PR's Signature \_\_\_\_\_

### Requester's Confirmation of PR appointment

Print Requester's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Requester's Signature \_\_\_\_\_

***Please scan this form or take a photo to upload during the PR's registration process.***