

## **Referee permission**

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Please provide the names of two trusted referees; ***they cannot be related to you, be part of your extended family, live with you, and they must have known you for 6 months or more.*** UCOL will contact these people in order to complete the safety check required under the Children's Act 2014.

### **Referee 1**

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Full Name:

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Phone Number:

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Relationship to you:

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How long have you known them:

### **Referee 2**

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Full Name:

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Phone Number:

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Relationship to you:

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How long have you known them:

### **Referee Attestation:**

Please confirm with the referee and tick below that the referee:

- Is not related to the student
- Is not an extended family member of the student
- Does not live with the student
- Has known the student for more than 6 months
- Is not a current student in the same class / programme

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### **Student Authorisation to contact Referees:**

I authorise a UCOL staff member to contact the above referees.

**Name:**

**Signature:**

**Date:**