ACCA ICPAC Cyprus Internship Programme

Authorisation Form

Your details:

Name:

Date of birth:

Email:

Postal address:

Telephone number:

Name of university:

Degree title:

Obtained or predicted degree classification/grade:

Expected graduation date:

AUTHORISATION

Entrants to the Cyprus Internship Programme (Programme) are bound by the Terms and Conditions, provided separately. By entering the Programme, you confirm that you have read and unconditionally agree to all the Terms and Conditions and that you accept any and all of ACCA’s decisions regarding the Programme as final and binding in all respects. This does not affect your statutory rights.

By signing this form, I consent to my information being collected, processed and stored by ACCA for the purposes of assessing and selecting candidates for the Cyprus Internship Programme. ACCA may contact you in relation to your progress throughout the Programme.

For more information on how ACCA processes personal information, please see our Data Protection Notice (<http://www.accaglobal.com/uk/en/footertoolbar/privacy/data-protection.html>)

Signature:

OR (tick as appropriate)

I have read and understood the information herein

Date: