

THIS **MUST** BE COMPLETED AND RETURNED
(1) TO THE RELEVANT FACULTY/SCHOOL (FOR GRADUATE COURSEWORK PROGRAMMES); OR
(2) TO THE REGISTRAR'S OFFICE (FOR OTHER GRADUATE, NON-GRADUATING AND UNDERGRADUATE PROGRAMMES).
INTERNATIONAL STUDENTS BELOW 18 YEARS OF AGE ARE REQUIRED TO HAVE THEIR PARENT COMPLETE THIS FORM⁺.



FORM 3: APPOINTMENT OF LOCAL REPRESENTATIVE

[PLEASE REFER TO ATTACHMENT 1]

Please tick one box only:

- I hereby appoint the person named below as my local representative[§] with the authority to authorise or refuse consent for any surgery or other medical procedures or treatment on me/my child/my ward*, _____, on my behalf.
(Name of Student)

In so doing, I, for myself and my child/my ward*, my successors, personal representatives and assigns, hereby agree that:

- (a) I will not hold the University, its officers, any of its full-time or part-time staff (including student assistants), agents or volunteers responsible or liable in any way for, and no right of action shall arise from, any loss or damage (including, without limitation, personal injury, loss of life or property damage) caused by or sustained as a result of my local representative's authorisation or refusal of consent for any surgery or other medical procedures or treatment.
- (b) I will indemnify and keep indemnified, save and hold harmless the University, its officers, any of its full-time or part-time staff (including student assistants), agents or volunteers against all losses, claims, demands, actions, proceedings, damages, costs or expenses, including legal fees, and any other liability arising from my local representative's authorisation or refusal of consent for any surgery or other medical procedures or treatment.

Particulars of Local Representative:

Name (please print): _____

Passport/Identity Card No: _____ Date of Birth: _____

Relationship to student: _____ Occupation: _____

Telephone (Residence): _____ (Office): _____

Mobile telephone: _____ Fax: _____

Email address: _____

Postal address: _____

- I will not be appointing a local representative to authorise or refuse consent for any surgery or other medical procedures or treatment on me/my child/my ward*, _____, on my behalf.
(Name of Student)

Signature of student/parent/guardian*: _____

Name (please print): _____

Passport/Identity Card No: _____

Relationship to student, if applicable: _____

Telephone (Residence): _____ (Office): _____

Mobile Telephone: _____ Fax: _____

[§] The local representative to be appointed must be at least 18 years of age.

* Delete as applicable

⁺ Where parents are deceased, a student below 18 years of age should provide the name of a legal guardian or any other person who has legal authority over, and responsibility for, the student.

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Email address: _____

Postal Address: _____

Date: _____

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