Form 3 – LOA Student Application

IOB-UCD SUB COMMITTEE – LOA REQUEST (STUDENTS)

A leave of absence is defined as an extended period of time spent away from the programme of study. It is approved by the IOB-UCD Programme Board. Please contact the Programme Manager for programme specific information on whether it is possible to take a leave of absence from your programme.

As a student on a programme, you may apply for a leave of absence for a period of one, two or three terms.

Before completing this form you are advised to seek advice and should contact the Programme Office.

Please return this completed form to your Programme Office in advance of your requested leave of absence.

A retrospective application for a leave of absence will only be granted by the Programme Board in accepted <u>extenuating circumstances</u> cases where there is no other available solution for the student given their circumstances and where the student has not normally been engaged in any programme activity. *In all retrospective applications, appropriate original supporting evidence must be supplied e.g. medical certificate.*

Your confidentiality is assured. Only those people who will consider and process your application will have sight of this form.

| A.PERSONAL & PROGRAMME DETAILS | | | | |
|---|----------------------|-----------------|-----------|--|
| Student Name | | | | |
| UCD No. | | Telephone No. | | |
| IOB membership No. | | (Land & Mobile) | | |
| IOB/UCD E-mail Address | | | | |
| Permanent Postal Address | | | | |
| Programme Title & Code | | | | |
| | Institute of Banking | Date | Month | |
| College/School | | commenced | Vaar | |
| | | programme | Year | |
| Period of Leave | ☐ One term OR ☐ Tw | o terms OR 🚨 Th | ree terms | |
| Requested | Data franc | (| (| |
| Please tick the appropriate | Date from: | (month) | (year) | |
| duration and indicate the | Date to: | (month) | (year) | |
| intended period of duration | | | | |
| Do you have any outstanding I/IX grades? Where you have, please list the module title(s) and code(s) below. | | | | |
| Module title(s) and code(s | ;) | | | |
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B.REASONS FOR YOUR REQUEST

Please outline clearly the reason(s) for your leave of absence application.

Use an additional page appended to this form if necessary or you may provide relevant supporting documentation.

Note: retrospective applications must be accompanied by appropriate original supporting evidence e.g. original medical certificate. Please refer to the Guide on Completing the Leave of Absence Application Form for further information.

Have you previously taken a leave of absence from this programme? YES/NO

Where YES, please indicate below the dates of previous leaves of absence from this programme.

Date from: (month) (year)

Date to: (month) (year)

C.DATA PROTECTION NOTICE

About this data protection notice

This is a statement of the practices of The Institute of Bankers in Ireland, 1 North Wall Quay, Dublin 1 (trading as The Institute of Banking) ('the Institute', 'we', 'us', 'our') in connection with the capture of personal data on this form and the steps taken by the Institute to respect your privacy.

The Institute is a Data Controller and is committed to protecting your rights and any personal information which you provide to the Institute will be treated with the highest standards of security and confidentiality, in accordance with Irish and European Data Protection legislation.

The privacy notice explains the following:

- What information do we collect about you
- The purpose for collecting your personal data
- The legal bases for collecting your personal data
- Are you required to provide the information?
- How we store and secure personal data
- Details of third parties with whom we share personal data
- What are your rights?
- Contact

What information do we collect about you?

The data we collect from you will be used by the Institute only in accordance with the purposes outlined in this privacy notice. We will collect your data in the following manner:

Some of the information collected through this form may be classified as special category or sensitive personal data e.g. health data.

In order to provide our services to you we collect contact details, other identifying information and information regarding the reason for your request together with supporting documentation where relevant or employer signature and employer information when you fill out this application form. The data collected in this form will be used by relevant departments in the Institute on a 'need to know' basis.

The purpose for collecting your data

The data we collect about you will be used to assess your application for Leave of Absence as detailed in previous sections of this form. We will also use your data to communicate our decision to you and deal with any queries where relevant.

The legal basis for collecting your data

We process your personal data on the following legal bases:

- We rely on your explicit consent as our legal basis for processing data provided on this form.
- The processing of your information may be necessary for the performance of the education contract between the Institute and you.
- The processing is necessary for the purposes of our legitimate interests or the legitimate interests
 of a third party to whom we provide your personal data. We will not process your personal data for
 these purposes if our or the third party's legitimate interests should be overridden by your own
 interests or fundamental rights and freedoms. The legitimate interests pursued in this regard
 consist of:
 - o conducting our business in a meaningful and lawful manner;
 - dealing with any disputes that may arise;
 - providing information relating to you to your employer, where they have a legitimate interest in obtaining that information.
- The processing is necessary for compliance with our legal obligations.

Are you required to provide the information?

We require you to complete the mandatory fields identified in this form for the purposes outlined above. If you do not provide us with the information required in these fields, we may be unable to fully assess your application to take a Leave of Absence.

How we store and secure your data

Any data we collect from you will be stored confidentially and securely. The Institute is committed to ensuring all accesses to, uses of, and processing of Institute data is performed in a secure manner. In addition to the normal standards of confidentiality, we also carefully control access to sensitive data e.g. health data within the Institute so that it is only available to people who 'need to know.'

In keeping with the data protection principles, we will only store your data for as long as is necessary to provide our services to you and for such a period of time after this as is necessary to comply with our obligations under applicable law and, if relevant, to deal with any claim or dispute that may arise in connection with our relationship with you.

For the purposes described here we will store your data (and supporting documentation, eg health data) for the duration of your studies and three years in-line with UCD's record retention policy.

When we store your personal data on our systems the data will be stored either on the Institute's secure IT platforms within the EEA which are also subject to European data protection requirements.

Details of third parties with whom we share personal data

The Institute will share your data with third parties where necessary for purposes of the processing outlined here.

We may share your information with our trusted service providers (e.g. IT support, auditors, legal advisors, and other professional advisors).

What are your rights?

You have the following rights, in certain circumstances and subject to applicable exemptions:

- You are entitled to ask for a copy of the personal data, which the Institute of Banking holds about you.
- The right to have any inaccuracies in your personal data amended.
- The right to object to the processing of your personal data.
- The right to have the personal data that we hold about you erased.
- The right to restrict the processing of your personal data.
- The right to receive your personal data, which you provided to us, in a structured, commonly used and machine-readable format or to require us to transmit that data to another controller.
- Where processing is based on consent, you have the right to withdraw your consent at any time.

Contact

If you have any queries relating to the processing of your personal data for the purposes outlined above or you wish to make a request in relation to your rights you can contact the Institute's Data Protection Officer using the contact details below.

If you are unhappy with the way in which your personal data has been processed you may in the first instance contact the Institute's Data Protection Officer using the contact details below.

The Institute of Banking has a Data Protection Officer who can be contacted through dataprotection@iob.ie or by writing to:

The Data Protection Officer, The Institute of Banking, IFSC, 1 North Wall Quay, Dublin 1.

If you remain dissatisfied then you have the right to apply directly to the Data Protection Commission for a decision. The Data Protection Commission can be contacted at:

Data Protection Commission Canal House Station Road Portarlington R32 AP23 Co. Laois www.dataprotection.ie

D. STUDENT DECLARATION

I confirm that I am aware of and understand the possible implications of taking a leave of absence (please refer to www.ucd.ie/leaveofabsence). I confirm that I have read the Graduate Programmes: Guide to the Leave of Absence Academic Policy (available at www.ucd.ie/leaveofabsence) and consulted the Checklist located at the back of this form.

I confirm that I am aware of and understand that it is my responsibility to either 1/ re-register at the end of my leave of absence period or 2/ apply for a second leave of absence before the end of my first leave of absence period.

confirm that to the best of my knowledge I am not involved in a pending disciplinary action.

| T confirm that to the best of my knowledge I am not invo | bived in a pending disciplinary action. | |
|--|---|--|
| The information given in this form is true and factually | correct. | |
| Print name: | | |
| Signed: | | |
| Date: | | |
| | | |
| E. FOR OFFICE USE ONLY | | |
| 1. RECEIVED BY THE SCHOOL OFFICE | | |
| Office: | Date: | |
| | | |
| Signed: | Print name: | |
| School Board Recommendation & Date: | | |
| | | |
| 2. DATE SENT TO THE PROGRAMME OFFICE (File copy) | | |
| Office: | Date: | |
| Signed: | Print name: | |

| 3. DECISION OF THE BOARD/PROGRAMME BOARD (File copy) | | | | |
|--|------------|--|--|--|
| Application approved: | □ NO | | | |
| Delegated Authority: Date Registry informed of the approve absence period (File copy) | d leave of | | | |