

STAFF DIRECTORY OF THE PRIVATE SCHOOL OF GYMNASTICS

1. SCHOOL NAME:

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The CSO, as the Agency Responsible for Data Processing, complies with the General Data Protection Regulation 2016/679 (GDPR). Your personal data reported in the present application form will only be used by the CSO and they will be considered by the Inspection Department of Private Schools of Gymnastics for classifying the School on the CSO Register of Private Schools of Gymnastics, therefore granting the School's Functional Licence and updating the interested suppliers and beneficiaries of gymnastics services or any sport session.

2. You have the right to have access, carry out corrections, restrict / oppose the processing of data and or delete your Personal Data. In order to exercise your rights, contact us by email: dpo@sportskoa.org.cy or call us at 22897000. If the School fails to be classified on the Private Schools of Gymnastics Register and therefore to be granted a Functional Licence, the application form and all the attached documents will be deleted at the end of the year you apply. You may know more about the CSO's Policy on Data Protection, on the web site: <https://cyprussports.org/gr/> or contact the Responsible Officer for Data Protection (DPO) of the CSO by email: dpo@sportskoa.org.cy. In order to make a complaint, you may contact the CSO's DPO or if you are not satisfied, contact the Office of the Commissioner for Personal Data Protection (www.dataprotection.org.cy).

3. The staff of the Private School consists of: (We, the undersigned ascertain our consent to act as Director/s and Physical Fitness Instructors / Trainers in the abovementioned Private School of Gymnastics):

SCHOOL DIRECTOR/S

NAME:	
SURNAME:	
NAME OF FATHER AND MOTHER: /	
RESIDENTIAL ADDRESS:	
P.O. BOX:	
TOWN:	
CONTACT TEL.:	
DATE:	SIGNATURE:

NAME:	
SURNAME:	
NAME OF FATHER AND MOTHER: /	
RESIDENTIAL ADDRESS:	
P.O. BOX:	
TOWN:	
CONTACT TEL.:	
DATE:	SIGNATURE:

SCHOOL STAFF, PHYSICAL FITNESS INSTRUCTORS / TRAINERS

FULL NAME:	
IDENTITY CARD NO.:	
CONTACT TEL.:	
CSO PHYSICAL FITNESS INSTRUCTORS / TRAINERS REGISTER NO.:	
APPROVED SERVICES:	
DATE:	SIGNATURE:

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CONTACT TEL.:	
CSO PHYSICAL FITNESS INSTRUCTORS / TRAINERS REGISTER NO.:	
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