I accept that by taking an ARCH-accredited examination, IPCH and ARCH will hold personal data about me and I hereby consent to the processing by those organisations of my personal data for any purpose related to my Colonics studies, membership of those organisations, to comply with legal obligations, or for the purposes of the legitimate interests of those organisations, including, but not limited to, monitoring of teaching performance and outcomes.

I consent to ARCH and/or IPCH providing my personal data to a third party where this is necessary in relation to my membership (for example: GNC or CNHC membership, the ARCH Block Insurance scheme with Balens, or for banking matters), or to comply with legal obligations, or for the purposes of the legitimate interests of ARCH.

I wish for my clini	details to be listed on the IPCH Website (tick box):
YES N	o 🗌
Signed:	
Print name:	
Date:	