



Consent form for data collection for under 16 year olds

Under the General Data Protection Regulation (2016/679), Doctors of the World UK (“we” or “us”) is the data controller of personal data we hold about you, and you have a right to request information about that data from us (including to access and verify that data).

We would like your informed consent to hold personal data that you provide to us. All such personal data will be treated by us as strictly confidential.

Please tick the appropriate boxes if you agree and then sign this form:

1. I agree to disclose personal information to Doctors of the World so they can help me access the services I need. I understand that this information will be stored electronically on Doctors of the World’s internal database.	Yes	No
2. I agree for my information to be used anonymously (without my name) as part of statistical or research reports, and in anonymous case studies (stories).	Yes	No
3. I agree to be contacted by Doctors of the World by text message about upcoming health events like medical screenings.	Yes	No
4. I agree to be contacted by Doctors of the world by telephone to collect feedback about the service I have received.	Yes	No

- Opting out of statements 2, 3 and 4 will not affect the level of care and service you will receive.
- Following BMA guidance, we will store electronic patient records for the foreseeable future.
- You can withdraw your consent at any time by contacting us.
- If you are concerned about how your information has been handled by us, you can contact the Information Commissioner’s Office (who are an independent organisation).

<p>Signed:</p> <p>Print Name:</p> <p>Date:</p> <p>Service user ID number: UK_ - __ - _____</p>	<p>Parent/carer signature:</p> <p>Print Name:</p> <p>Date:</p>
<p>Where child is unaccompanied by parent/carer, but able to consent:</p> <p>I have fully explained the above to this child, and I believe that they have sufficient maturity and capability to fully understand, and make a decision based on the information provided</p> <p>Clinic Support Worker Signature:</p> <p>Name (Print):</p> <p>Date:</p>	<p>Statement of interpreter (where appropriate)</p> <p>I have interpreted the information above to the persons named on this page to the best of my ability and in a way in which I believe they can understand</p> <p>Interpreter signature:</p> <p>Date:</p> <p>Interpreter name (print) :</p>