

## Consent form for data collection for 16-17 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	Yes	No
	stored electronically on Doctors of the World's internal database.		
2	2. I agree for my information to be used anonymously (without my name) as par	t Yes	No
	of statistical or research reports, and in anonymous case studies (stories).		
3	3. I agree to be contacted by Doctors of the World by text message about	Yes	No
	upcoming health events like medical screenings.		
4	I. I agree to be contacted by Doctors of the world by telephone to collect feedba	ick Yes	No
	about the service I have received.		

- 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.

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• 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).

Signed:	Statement of interpreter (where appropriate)						
Print Name:	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						
Date:	understand						
Service user ID number: UK	Interpreter signature:						
	Data						
	Date:						
	Interpreter name (print) :						
Where the young person is accompanied by a parent or carer, they may wish to sign.							
Parent / Carer signature:							
Name of Assistable							
Name (print):							
Date:							