



CONSENT FORM

I, the undersigned, confirm that (please tick box as appropriate):

1.	I have read and understood the information about the profile/personal data sheet, as provided in the Information Sheet dated _____.	<input type="checkbox"/>
2.	I have been given the opportunity to submit the hard copy of all my personal information.	<input type="checkbox"/>
3.	I voluntarily agree that my personal contact number be disclosed for any legitimate purpose.	<input type="checkbox"/>
4.	I voluntarily agree to participate in the compliance of the data privacy.	<input type="checkbox"/>
5.	I understand I can contest any time if found any discrepancy of my data without giving reasons and that I will not be penalized for contesting nor will I be questioned on why I have contested.	<input type="checkbox"/>
6.	The procedures regarding confidentiality have been clearly explained (e.g. use of names, pseudonyms, anonymous data, etc.) to me.	<input type="checkbox"/>
7.	If applicable, separate terms of consent for interviews, audio, video or other forms of data collection have been explained and provided to me.	<input type="checkbox"/>
8.	The use of the data in research, publications, sharing and archiving has been explained to me.	<input type="checkbox"/>
9.	I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form.	<input type="checkbox"/>
10.	Select only one of the following: • I would like my name used and understand what I have said or written as part of this study will be used in reports, publications and other research outputs so that anything I have contributed to this information can be recognized. • I do not want my name used in this project.	<input type="checkbox"/>
11.	I consent that my personal information be used for legitimate purposes such as evaluation, assessment, appraisal, and accreditation.	<input type="checkbox"/>
12.	I, agree to sign and date this informed consent form.	<input type="checkbox"/>

Conforme:

_____ Signature _____ Date

- Employee
- Student
- Alumni
- Visitor

Noted:

_____ Data Privacy Officer (DPO) _____ Signature _____ Date

