|  |
| --- |
|  |
|  | **Data Protection Act : Applicant Consent Form**  |
| In order for the Wispers Trust (“Trust”) to consider your application for support, personal data and sensitive personal data of both you and the potential beneficiary/beneficiaries will be recorded.  |
| To comply with the Data Protection Act 2018 and the General Data Protection Regulation (EU) 2016/679 (together, “Applicable Data Protection Law”), the Trust must tell you how it uses this data and in the case of sensitive personal data explicitly ask for your consent. By signing this form, you are providing your consent for the Foundation to process your/the potential beneficiary’s data for the purposes below.  |
| **Permission to PROCESS your data**  |
| The Trust is required by Applicable Data Protection Law to ask for your permission to process the information we gather about your case. This information may contain your personal data and sensitive personal data. Your information will be stored securely by the Trust’s Staff and Trustees.  |
| Paper copies of your data may also be stored by the Trust.  |
| For the purpose of Applicable Data Protection Law the Trust is the Data Controller of your information.  |
|  |
| If you are making this application on behalf of a potential beneficiary, for example as a parent or guardian of the potential beneficiary we ask you to sign below to consent to the processing of both your and their information.  |
| If the potential beneficiary is 13 years old or older we ask that they also sign below to indicate their consent to the processing of their information as they are considered old enough to understand that their information is being used by us for their application.  |
|  |
|  | Yes – I/We give my/our consent to the Trust processing personal data and sensitive personal data about me/us  |
|  | No – I/We do not give my/our consent to the Trust processing personal data and sensitive personal data about me/us  |
|  | Yes – I/We give my/our permission for the Trust to make contact with both the Head and Bursar to discuss this application |
| In the event of the applicant not giving consent, the application cannot be considered further.  |
| Potential beneficiary **(To be signed only if aged 13 years old or older)**  |
| Full Name:  |
| Date of Birth:  |
| Signature:  | Date:  |
|  | **Parent/Legal Guardian**  | **Parent/Legal Guardian**  |
| Relationship to potential beneficiary  |  |  |
| Full name:  |  |  |
| Signature: Date:  |  |  |