

Personal Data Processing Consent & Privacy Acknowledgement

Form Code: CK-CF-008 | Version: 1.0

A. Data Subject Details

Full Name: _____	Phone/Email: _____
Programme/Service: _____	Date: _____

B. Data Categories

- ☐ Identity/contact information
- ☐ Programme participation and attendance information
- ☐ Photographs/video/audio
- ☐ Monitoring and evaluation information
- ☐ Health or other sensitive information, where necessary and lawfully collected
- ☐ Other: _____

C. Purposes

- ☐ Programme/service delivery
- ☐ Safeguarding and duty of care
- ☐ Monitoring, evaluation and reporting
- ☐ Communication and administration
- ☐ Legal, regulatory or accountability obligations
- ☐ Other specified purpose: _____

D. Consent

I understand that consent, where used as the lawful basis for processing, should be specific, informed and freely given. I understand that I may withdraw consent at any time where consent is the lawful basis, subject to applicable requirements.

☐ I give my consent to the processing described above for the selected purposes.

☐ I understand how I can contact CHAD Kenya to exercise applicable data subject rights or raise a privacy concern.

Name / Role	Signature / Date
Data subject: _____	Signature: _____ Date: _____
CHAD Kenya representative: _____	Signature: _____ Date: _____

CHAD Kenya Contact & Data Protection Notice

For questions about this consent or the handling of personal information, contact CHAD Kenya through +254 113 814070 / +254 701 012 690 or www.chadkenya.com. Where consent is the lawful basis for processing, it may be withdrawn subject to applicable legal or contractual requirements.

Use this form together with CHAD Kenya's approved Data Protection and Privacy Policy, Safeguarding Policy and relevant programme procedures. Specialist legal, clinical, research-ethics or safeguarding review should be obtained where applicable.