

Training, Workshop & Event Participation Consent Form

Form Code: CK-CF-006 | Version: 1.0

A. Event Details

Event/Training Title: _____	Participant Name: _____
Organisation/Community: _____	Date/Venue: _____

B. Participation

I confirm that I understand the purpose of the event/training and agree to participate voluntarily. I understand event-specific safety instructions and agree to follow reasonable instructions from organisers.

C. Data & Communications

- ☐ I consent to recording my attendance and relevant participation information for administration, monitoring, reporting and accountability.
- ☐ I consent to receiving necessary event-related communications.
- ☐ I consent to receiving optional information about future CHAD Kenya programmes and events.

D. Photography / Recording

- ☐ I consent to photography/video/audio during the event for approved CHAD Kenya communications.
- ☐ I do not consent to public photography/video/audio use.

Name / Role	Signature / Date
Participant: _____	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 Where consent is the lawful basis for processing, it may be withdrawn subject to applicable legal or contractual requirements.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.