

Community Health Outreach Participation & Information Consent

Form Code: CK-CF-007 | Version: 1.0

A. Participant Details

Full Name: _____	Age: _____
Phone (optional): _____	Date/Outreach Site: _____

B. Purpose

I understand that this form relates to participation in a CHAD Kenya community health outreach, awareness, screening, referral or education activity. I have been informed about what the activity involves and may ask questions before participating.

C. Voluntary Participation

- ☐ I voluntarily agree to participate.
- ☐ I may decline a non-essential activity or stop participation where reasonably practicable.
- ☐ Screening or educational information does not necessarily constitute a medical diagnosis or substitute for care from a qualified health professional.
- ☐ Where a concern is identified, I may be advised or referred to an appropriate health facility or qualified provider.

D. Health Information

Health information is sensitive personal data and will be handled with additional safeguards. Only information necessary for the stated programme purpose should be collected.

- ☐ I consent to collection and processing of health information necessary for this activity.
- ☐ I consent to necessary referral information being shared with the relevant health provider where this is explained and permitted by law.

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 Where consent is the lawful basis for processing, it may be withdrawn subject to applicable legal or contractual requirements.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