

Name

Date:	

Mental Health First Aid Client Consent Form

The University of Glasgow is committed to controlling and processing personal information in accordance with the General Data Protection Regulation (GDPR) and the Data Protection laws. The personal data collected as detailed below will therefore be controlled and processed in line with the relevant Data Protection laws and Regulations in the way(s) and purpose(s) detailed in the accompanying Privacy Notice.

I consent to the following types of Personal Data being used in each of the ways outlined below:

(initial all that you consent to)

Used to provide any mutually agreed follow up support and/or information and so that we are able to locate your Personal Data and Special Categories of Personal Data, should you wish to exercise your rights under GDPR.				
Contact telephone number/ email address Only used to provide any mutually agreed follow up support and/or information.				
Status i.e. Student/Staff role Primarily used so that the Mental Health First Aider can ensure that you are made aware of the most appropriate support services available to you. The University will also use this piece of data, without any other identifying data such as your name, to monitor any emerging trends across the campus community, and thereby concentrate on the types of support we are able to provide and where we need to focus our efforts to best respond to particular issues.				
Sign below to give explicit consent to the processing of ' Special Categories of Personal Date processed so that the University can monitor any emerging trends across the campus and to the concentrate on the types of support we are able to provide and where we need to focus our effort respond to particular issues.	erefore			
(initial <u>all</u> that yo	ou consent to)			
Nature of presenting mental health issue(s)				
Support currently being received for presenting or other issues				
Advice provided by Mental Health First Aider				
I hereby give my written and explicit consent to the above indicated ' Special Categories of Pe being processed in the way(s) detailed above and in the attached Privacy Notice.	ersonal Data'			
Signed: Date:				
Please sign and date below to provide consent to all the above and information included in the attached Privacy Notice. [This section must be completed and signed by Client]				
Signed: Print Name:	_			
Date: Email:				