

General Data Protection Regulation ((EU) 2016/679) (GDPR).

PERMISSION TO DISCLOSE SENSITIVE PERSONAL DATA

(Please print in capital)

Name			
Contact Address			
Postcode		Job Role	
<p>I consent to the following sensitive personal data about me being disclosed - give explicit details: Personal Information (Name/DOB/Mobile number/email address/NI Number/Address) DBS Details, NMC PIN, Passport Details, Right to Work Documents, Training Detail, Health Information and all other information relevant information for the purpose of my employment.</p>			
<p>For these purposes - give explicit details:</p> <p>Temporary Workers (Nurse, Hca, Support Worker) at Care Homes/Hospital/Community</p>			
<p>To these persons –</p> <p>AnsaCare Limited and relevant agencies</p>			
<p>I understand that AnsaCare Limited will process my sensitive personal data strictly in accordance with the Data Protection Act 1998. I hereby give my consent to the disclosure of my personal data for the above purposes, to the persons named.</p>			
Signed		Date	

Form to be retained for the period of My employment/assignments with AnsaCare Ltd