

Consent form for the collection, security and release of personal data

	\	Written at	
	Date	Month	Year
I am Mr. / Ms./ Dr. /Mrs. / Miss /			AgeYears
Passport Number / ID Number]	
Address No Moo Soi/Alley.		Road	
Tumbol/Sub-district	Amphur	/District	
Province	. Country	/	
According to the Personal Data Protection Act B			ŕ

responsible to collect, hold securely and/or to release personal data of the Faculty's staff members. Therefore, the Faculty of Medicine must request written consent for collecting and securing staff's personal data.

By this consent form, I will allow the Faculty of Medicine, CMU to:

1. Objective of collecting, securing or releasing personal data

The Faculty of Medicine will collect, secure or release staff personal data for:

- 1.1 Faculty Management, to receive welfare and benefit as the Faculty's staff
- 1.2 Communication between the Faculty and staff

If the objectives are revised later, the Faculty will inform the staff and request an additional written consent. The Faculty will also keep the record of revision logs as evidence.

2. Types of data

The personal data the Faculty would request from the staff are as follows:

2.1 Working record

2.2.5 Gender

2.2.6 Date of birth

	2.1.1	Working status	2.1.4	Position	2.1.7	Employment start date
	2.1.2	Department	2.1.5	Salary rate	2.1.8	Resignation date
	2.1.3	Unit	2.1.6	Project of recruitment		
2.2	Persona	l information				
	2.2.1	Passport number / ID	2.2.7	Marital status	2.2.13	Telephone number
	2.2.2	Title	2.2.8	Blood type	2.2.14	CMU E-mail
	2.2.3	Name-surname (Thai)	2.2.9	Nationality	2.2.15	Other E-mail
	2.2.4	Name-surname (English)	2.2.10	Ethnicity	2.2.16	ID Photo

2.2.12 Office telephone number

2.2.11 HN

2.3 Address information

2.3.1	Number	2.3.4	Soi/Alley	2.3.7	Amphur/District
2.3.2	Моо	2.3.5	Road	2.3.8	Province
2.3.3	Village	2.3.6	Tumbol/Sub-district	2.3.9	Zip code
2.4 Education	on record				
2.4.1	Graduation date	2.4.3	Degree level	2.4.5	Major
2.4.2	Education level	2.4.4	Graduated institute		

3. Securing personal data policy

The Faculty of Medicine will secure staff data as follows:

- **3.1 The current staff:** the data will be collected and secured until the staff's resignation or retirement.
- **3.2** The resigned staff: the data will be secured for 5 years after the staff's resignation.
- **3.3** The retired staff: the data will be secured for 5 years after the staff's retirement.

4. Releasing personal data policy

The Faculty of Medicine will not release personal data without the staff's permission. However, the staff members would need to understand that the Faculty will release such information under specific conditions:

4.1 Faculty management

The Faculty of Medicine will release some of personal data, to manage staffs' welfare and benefits.

4.2 Law enforcement

The Faculty of Medicine will release some of personal data under the law enforcement or request from a government office, such as a court.

5. Rights of the data owner

The staff as the data owner has these rights, as follows:

- 5.1 To access and request for a copy of staff's own personal data held securely by the Faculty of Medicine, or reveal the method of non-consensual data collection.
- 5.2 To update with department/unit, to make the records up-to-date and complete, and to prevent any misunderstanding.

6. Consent termination

The consent for collecting, securing and releasing data will be effective until the staff officially request the Faculty of Medicine to terminate their consent.

- 6.1 After receiving a request, the Faculty will examine the consequences from consent termination and inform the staff (if any) within 30 days after receiving an official request.
- 6.2 Consent termination will not affect the data which was collected, secured and released under the previous consent.

I understand the personal	data protection	policy of the	Faculty of Med	dicine, to coll	ect, secure and
release my personal data, and allo	ow the faculty to	o do so.			

I understand the personal data protection policy of the Faculty of Medicine, to collect, secure and release my personal data, and allow the faculty to do so.
I hereby consent to the Faculty of Medicine to collect, secure and release my personal data under the conditions outlined in this consent form.
SignStaff