Privacy Notice and Consent Form (child 12 and over)

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| Name of organisation  Address  Data protection officer name |  |  |

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| Consent for information about you to be recorded and shared | |
| About us and what we do | Charity X is providing community-based mentoring support to children and young people like you. We are doing this as part of Scottish Government’s national intandem programme, mentoring Scotland’s young people. |
| Why we will hold information about you | We hold information about you to allow us to provide you with the best mentoring support possible and to understand what progress you are making. |
| What information we will collect about you | We will hold personal details about you, like your age, what you are interested in doing, and where you go to school. From time to time we will ask you to tell us how you feel about yourself, what activities you take part in, and who you are close to. We will record this information to help us find the best mentor for you and understand what progress you are making.  We will hold information about your meetings with your mentor, when they take place, what activities you shared and how you are progressing.  We may also hold information about your behaviour and what other adults think about your wellbeing. |
| Who we will share this information with | Normally, the information will be held and used only by us and the managers of the intandem programme.  There may be times when we are asked to share the information we hold about you with social workers and other people interested in your wellbeing.  We may wish to include information about you in case studies of mentees and mentoring. We will always ask you for your permission before we do this. |

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| Charity X has explained to me why information about me is going to be recorded and shared, what is being recorded and shared, and who it may be shared with.  I know that I can ask to see the information held about me, and ask them to stop holding my information at any time.  I agree to Charity X recording and sharing my information as described above.  Name:  Age:  Signature:  Date: |