**Protection From Sexual Exploitation and Abuse (PSEA) Network Türkiye**

**Sample Consent Form for Reporting and Referrals of SEA Allegations**

**Organization**

[Name of Organization] in Türkiye supports \_\_\_\_\_ [example: communities affected by conflict and/or displacement to become self-reliant, empowered and able to fulfill basic needs and rights]. [Name of Organization] does this by \_\_\_\_\_ [example: collaborating with civil society, and Turkish authorities and by using community and gender-based approaches to create lasting change, social cohesion and sustainable solutions.

**Services Requested**

You were in contact with [Name of Organization] through its \_\_\_\_\_ [example: community center, hotline, outreach efforts] on \_\_/\_\_/20\_\_. You reported an allegation based on alleged incident of sexual exploitation and/or abuse.

In order to provide you with the services that you may need and/or request, [Name of Organization] needs to use your personal identification information and other personal data. This information includes:

* Full name
* Age
* Gender
* Nationality
* Legal status and ID number
* Phone number
* Address
* Health status
* Disability status
* Spoken language(s)
* Information about the alleged incident and alleged perpetrator

You need to give your permission (“consent”) to [Name of Organization] to use your personal identification information and other personal data. You give your permission by signing this Consent Form.

After you sign this Consent Form, you will be referred to the \_\_\_\_\_ [example: specialized staff/PSEA focal point within our organization or specialized staff/PSEA focal point within the organization where the alleged perpetrator is employed] of [Name of Organization] for the \_\_\_\_\_\_\_\_ services to be provided by them. Based on your need/request, your personal data necessary for the services provided will be processed accordingly.

**Consent**

By signing this consent form, you give [Name of Organization] permission to use your personal identification information and other personal data. [Name of Organization] becomes the “data controller” or “representative of the data controller”.

How will [Name of Organization] use your personal identification information and other personal data?

If you sign this consent form, [Name of Organization] can register, store, organize, update and process your personal identification information and other personal data. [Name of Organization] can also transfer some or all of your personal identification information and other personal data to \_\_\_\_\_. They can do this automatically and/or non-automatically. [Name of Organization] decides which information to send, and how to send it, based on:

* Your consent.
* The law that “data processing is mandatory for the establishment, exercise or protection of a right” in accordance with Article 5(2)-e of Law No. 6698 on the Protection of Personal Data.

**Confidentiality**

Your information will be kept confidential unless it falls under mandatory reporting requirements per Turkish legislation. People will use your information to:

* Better understand your needs and problems.
* Reach you to let you know the next steps in getting services.

**Third Party Sharing**

[Name of Organization] provides services for you and must protect you and your personal identification information and other personal data.

[Name of Organization] will not share your information and data with other organizations (“third parties”) except in cases where it has to be reported within the scope of the obligation to report under Turkish legislation.

For example, [Name of Organization] must act upon any information and data you give them about:

* Child abuse (cases, suspected cases or risks of abuse).
* Risks that you may do harm to yourself or another person.
* If the allegation you shared is considered a crime that has been committed, is being committed, or has been committed but is possible to limit its consequences according to Turkish law and hence requires mandatory reporting to authorities.

[Name of Organization] also must share information if its staff have to defend themselves against an official complaint.

[Name of Organization] will contact you (when appropriate), before taking any of these actions.

**Your Rights**

Based on Article 11 of the Law No. 6698, you have the right to:

* Change your mind about giving [Name of Organization] permission to use your personal identification information and other personal data at any time. This is called to “withdraw consent”.
* Ask [Name of Organization] and find out if your information and data personal data have been processed
* Ask [Name of Organization] and find out the purpose of the data processing
* Ask [Name of Organization] and find out if the information and data were used how they were supposed be (“intended purposes”)
* Ask [Name of Organization] and find out if any or all information and data were transferred to “third parties” (other organizations)
* Ask [Name of Organization] that corrections be made to any incomplete or inaccurate information or data
* Ask [Name of Organization] to delete and destroy your information and data (under the conditions laid out in the Law)
* Ask to be alerted when a third party has used your information or data (if it was shared with a third party).

I confirm that a [**Name of Organization**] staff member has given me information about \_\_\_\_\_ services, and how my personal identification information and other personal data will be registered, stored, processed and transferred.

[ ]  Yes

[ ]  No

I confirm that I had the chance to think about this information, ask questions and have gotten clear answers.

[ ]  Yes

[ ]  No

I understand my rights listed above (supported by the Turkish Law on Protection of Personal Data No. 6698).

[ ]  Yes

[ ]  No

I understand my participation is voluntary and that I am free to withdraw consent and from my service relation with [**Name of Organization**] at any time. At the time of withdrawal, I have the right to request [**Name of Organization**] to delete and destroy my personal identification information and other personal data.

[ ]  Yes

[ ]  No

I agree that my personal identification information and other personal data can be transferred to third parties that are providers for specific services. This includes third parties in the country and abroad. Third parties can only keep my information for the maximum period needed to provide me services.

[ ]  Yes

[ ]  No

[ ]  Partially (select what applies)

[ ]  With public institutions/local authorities

[ ]  With local and/or international NGOs

***I give my consent to*[Name of Organization]*to use my personal identification information and other personal data.***

[ ]  Yes

[ ]  No

Name of Individual:

Date:

Expiry Date of Informed Consent:

Signature:

(If needed) Name of Legal Guardian (Parent, Guardian, Trustee etc.):

Date:

Signature:

Name Staff:

Date:

Signature:

Name Interpreter:

Date:

Signature: