



The Scout Association of Malta

Xghajra Scout Group

Data Protection Act – Adult Form (Over 18)

This form is in accordance with the obligations stipulated by the DATA PROTECTION ACT

Date: _____

I, the undersigned, choose to give my consent to the Group Leaders and to the Scout Association of Malta to collect and gather information that concerns me as follows:

I choose to give (mark as appropriate) my consent so that the following types of data concerning me are collected:

A. BASIC INFORMATION	I give my consent	I refuse to give my consent
i. Contact details such as address and telephone number		
ii. Progress Records – information relating to the training given by the Scout Association of Malta and attained by the Scout.		

B. MEDICAL INFORMATION ¹	I give my consent	I refuse to give my consent
Relates to information about medical conditions, both physiological and psychological that I suffer from.		

C. PHOTOGRAPHS & VIDEOS	I give my consent	I refuse to give my consent
i. Photographs (digital and printed) and videos that may be held in albums/ log books/ frames/ library <u>but are not to be distributed /used</u> in the media		
ii. Photographs (digital and printed) and videos that may be held in albums/ log books/ frames/ library <u>but are to be distributed /used</u> in the media		

D. WEBSITES	I give my consent	I refuse to give my consent
Photographs and Videos in which I appear and which may be published via the Group or Association Website		

It has to be noted that websites are accessible from all over the world. In the eventuality that you give your consent in Section D., the Scout Association of Malta guarantees that:

- a. You will always be shown wearing decent attire and found in a reputable pose.
- b. That your name will not be divulged and that you will not be identified in any manner
- c. That no personal contact details will be published enabling third parties to contact you or identify you.

In accordance with the rights legally granted to me:

¹ Section B (Medical Information) refers to information that is permanently held at the Group and/ or Association Headquarters as long as you remain a member of the Movement. The Group shall be asking for your consent to retain medical information prior to camps, by means of a health/permit form. These latter forms are destroyed as soon as the activity is over.



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- I hold all the rights over any information that the Group holds about me. I understand that I have the right to withdraw this consent when due to circumstances I deem appropriate.
- I shall hold responsible the Scout Association of Malta should this information not be retained in a confidential manner and /or forwarded to third parties without my explicit consent save for those circumstances as provided for in the Scout Association's Data Protection Policy.
- I expect that all the information gathered about me, is held only for the necessary time period and that this information is destroyed once such time period lapses.

I understand that in my own interest, especially when the Group is holding adventurous activities or is staying for prolonged periods away from home, the Group needs important data about me. Thus I bind myself to ensure that all the information I give that concerns me is exact and correct till the day requested. Should I refrain from giving this information, which information might be important for my own safety and well being, I accept all the responsibility and consequences that this non-compliance brings about.

Signed:

Name(In block Capitals): _____

I.D/ P.Port Number: _____

Signature: _____