



GDPR Data Protection Consent Form

Data controller: Kgee Health Care Services T/A **Kgee Care**

Employee name:

As a new employee, there are various ways in which we use your data. The General Data Protection Regulation permits us to use your data for certain reasons only. The most common reasons we use your data are set out below:

- We need your data so that we can carry out the contract of employment that we have with you. For example, we need your bank details in order to ensure you are paid
- We need your data so that we can comply with our legal obligations. For example, we need documentation from you to make checks into your right to work in the UK
- We need your data to carry out our legitimate interests. For example, we need your sickness absence data so that we can implement an effective sickness absence management system.

There are other reasons we would like to use your data which do not fall into one of those listed above. To allow us to do this, we need your consent. This means that you must let us know that you are happy for us to use your data in the way we would like. With this form, we are asking you to provide your consent for us to use the data for the reasons given below.

Providing consent

The Company is committed to complying with the GDPR with regard to processing your data. If you are to give consent, it must be:

- Freely given
- Specific
- Informed
- Unambiguous

We have kept this form separate to your other terms and conditions so that you understand it is a separate agreement. Your consent to our use of your data by signing this form is separate to your agreement to your terms and conditions of employment.

You are entirely in control of your decision to give consent to our use of your data as requested in this form. **You do not need to give consent.** There will be no repercussions if you choose to withhold consent and your data will not be used in the ways set out in this form. If you give your consent, your data will be processed in line with our Data Protection policy.

Who relies on your consent?

The data for which we are requesting your consent will be used by Kgee Care T/A Kgee Health Care Services Ltd. The following also rely on your consent:

- Kgee Care T/A Kgee Health Care Services Ltd

The data we would like to process

Please indicate whether you freely give your consent to our processing of your data for the reasons set out below by entering an “X” in the box next to your chosen option. Please fill in only the column asking for a “Yes” or “No” answer. The third and fourth columns are for use if you subsequently decide to withdraw your consent.

Type of data and reason for using data	“X”	Please insert “Yes” or “No” here to indicate whether you wish to give consent	I wish to withdraw my consent (tick this box)	Date on which consent was withdrawn
Your personal details, employment details, CV and DBS to allow us to best support you at work				
Your bank details and financial details with our payroll				

Withdrawing your consent

You have the absolute unrestricted right to withdraw your consent at any time. If you wish to withdraw your consent once it is given, you should contact us. You will then be provided with this form where you can indicate, using the third and fourth columns above, that you now wish to withdraw your consent. There will be no repercussions because of your withdrawal, and we will stop processing the data for which you have withdrawn your consent.

Change in purposes

If the purpose of using the data for which we have received your consent changes, we will seek new consent, setting out the new purpose.

Employee declaration

- I am giving my consent to the Company to use my data as indicated above.
- I understand that I am not required to give consent to the Company’s use of my data in the ways set out in this form. Where I have done so, I have done so of my own free will.
- I understand the ways in which the Company wishes to use my data as set out above.
- I understand there will be no repercussions if I refuse to give consent in this form.
- I know that I can withdraw my consent at any time.
- If completed and signed electronically your digital signature will be legally binding.

Signed:

Date: