

1. Declaration of Consent

In accordance with the provisions of section 4a of the Federal Data Protection Act (*Bundesdatenschutzgesetz*)

I,

First Name:

Surname:

residing at

Address:

Post Code/Town:

hereby consent to the Skills Agency / Kompetenzagentur [_____]
collecting, processing and using essential data about me as part of its work aimed at providing support for my occupational and social integration. This shall particularly include as well personal data and in this case - while taking account of medical confidentiality – data concerning my health where medically certified. This data shall in principle be collected from me. In individual cases, data about me may also be collected from third parties, which shall require additional consent as applicable.

The Skills Agency / Kompetenzagentur [_____] shall produce as part of its support programme (case management) a promotional and development plan containing vital information about my personal, occupational and social integration. This information shall be used to produce a complete promotional profile, which shall take all adverse circumstances into account.

The data collected from me at the Skills Agency / Kompetenzagentur [_____] shall be passed on to the ESF co-ordinating office (project sponsor) of the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth only in an anonymised format for the purpose of scientific monitoring and evaluation, as well as for recording statistical information. Anonymised means that my name, address and date of birth shall be removed from the data record so that information cannot be linked to me. The ESF co-ordinating office shall use this data to statistically investigate whether and how the objectives of the “Skills Agency” programme have been achieved.

I can withdraw my consent at any time. I am aware that if I do so the Skills Agency [name of Skills Agency] may no longer be able to guarantee case management support or guarantee it to the same extent as planned or required.

If I withdraw from case management support for occupational and social integration as provided by the Skills Agency / Kompetenzagentur [_____] any personally identifiable information shall be immediately deleted, i.e. anonymised (see above). Excluded from this is information used for proving participation (name, address, details of when a casemanagement file is opened and when it ends). Information from proof of participation shall not be electronically processed.

If case management support is not pursued after [_____] days since agreeing to it,

my data at the Skills Agency / Kompetenzagentur [_____] shall be anonymised

I can view my case file and/or receive an extract from it at the Skills Agency / Kompetenzagentur [_____] at any time. I shall receive a printout of the recorded data when a case management support file is opened in my name.

Place & Date

Signature of Adolescent

Place & Date

Signature of Case Manager