

Consent for Sensitive Personal Data Processing - Student

Dear

In addition to the normal data processing carried out by [Name of NMH Provider] ("the provider") the transfer of a copy of your DSA 2 letter, study workplan, or other relevant information contained within your student record, to the Disabled Students Allowance Quality Assurance Group ("the Auditor") may be required so that the Auditor can audit the provider's internal processes for dealing with the delivery of non-medical help support. These audits play an important part of ensuring that the provider is complying with all relevant legislation, internal and external guidance. Such compliance is vital to the provider, so it can properly assess the delivery of this support.

The information that the provider is proposing to transfer to the Auditor is a copy of your DSA2 letter, study workplan, or other relevant information contained within your student record. As you will be aware, this includes the following Personal Data about you:

- Identity and age;
- Type of support awarded;
- Timesheets confirming delivery of support;
- Communications between you and the provider;
- Higher education institution and course information.

The Centre is also proposing to transfer information which could be classified as sensitive personal data under the General Data Protection Regulations, including:

- The fact that you receive a disability allowance;
- Letter of award of support;
- Timesheets which indicate the type of support being delivered.

As the proposed transfer includes sensitive personal data (in this instance, health information about you), we require your consent before we are legally permitted to provide the Auditor with your sensitive personal data (but not other types of personal data), if selected as a student sample. The personal data provided to the Auditor would only be processed for the specific purpose of carrying out the audit of the provider. The data would not be retained by the Auditor once the audit of the provider had been completed and accredited by DSA-QAG. This consent will be held by the provider for the duration of the audit process, alongside any other forms of consent you have provided to the provider in relation to other current data processing activities carried out by the provider in relation to your personal and sensitive personal data.

You are free to refuse to give your consent or to later withdraw your consent. Any refusal or withdrawal of consent will not affect any element of any service

provided to you by the provider.

By signing this form and ticking each of the separate boxes below, you are giving your consent to the transfer of your sensitive personal data set out below from the provider to the Auditor and to the processing of this data by the Auditor for the purpose described above.

I consent to the transfer of the following types of personal data about me:

- The fact that you receive a disability allowance;
- Letter of award of support;
- Timesheets which indicate the type of support being delivered.

Student's Name _____

Student's Signature _____ **Date** _____