Consent to sharing of personal information form	SHONAQUIP SOCIAL ENTERPRISE Enabling inclusion

Date	
Name and surname of client	
Name and surname of parent / legal guardian	
Centre's name (where applicable)	
Centre manager or representative (where applicable): *Where a parent or legal guardian is not present. Please provide proof that information may be shared.*	
Contact number	
Email	

POPI Act (Protection of Private Information Act) explained

As a client/parent/legal guardian, you have the right to say how we use your/your child's personal information. Below you will find the potential usages of the personal information. You have the opportunity to indicate to which of these you consent to, if any.

Permission Requested	**Indicate preference**	
I give Shonaquip/Uhambo Foundation/CoCT (The Shonaquip Social Enterprise) the following permissions (tick/circle preference):		
1. Permission to **contact me to ask** if their services had an **impact** on my or my family's life as well as in my community.	YES	NO
2. Permission to **contact me to give me information** on other programmes that they provide.	YES	NO
3. Permission to **take and store media of me and/or my child** during the session. The media taken during the session may be stored electronically and/or in physical format.	YES	NO
4. Permission to **use my media in reports** to funders and **presentations** for training purposes and all forms of marketing (e.g. pamphlets, articles, social media, print media).	YES	NO
5. Permission to **share my media with their partners, funders and affiliates** for use by the partners, funders and affiliates in marketing and to showcase the work done by the Shonaquip Social Enterprise and the relevant partners, funders and affiliates.	YES	NO
6. Permission to contact other health professionals involved in my care to discuss my clinical presentation and ensure the most appropriate device selection	YES	NO
By signing below, I confirm that: • I have legal authority to give the consent and have given my consent voluntary.		

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- I understand all the consent that I have given. Where I have not understood, I have asked it to be explained to me and it has been explained to me and I have understood.
- I will not receive payment or any financial benefit for use of my media as stipulated above.
- I agree not to hold the Shonaquip Social Enterprise, its employees, or its agents liable for any use or dissemination of the Media in accordance with this Consent.
- I understand that I can withdraw this consent in full or in part at any time, but the withdrawal will not apply to media already disseminated.

Signature of legal guardian:

……

Date:

……

Date: 27/01/2025

Signature: MBritz