

## **Adolescent's/Child's 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 Coordination Office/Koordinierungsstelle \_\_\_\_\_ collecting, processing and using essential data about me as part of its work aimed at providing support for my educational and social integration. This data shall essentially 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 Coordination Office/Koordinierungsstelle shall produce as part of its support programme (case management) an educational and promotional plan containing vital information about my personal, educational and social integration. For this reason, medically certified data relating to my health shall also be collected as applicable while taking account of the duty of confidentiality. 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 Coordination Office/Koordinierungsstelle shall be passed on to the Youth Social Work Service Centre, the ESF co-ordinating office of the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend, abbr. BMFSFJ), 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 Service Centre shall use this data to statistically investigate whether and how the objectives of the "Truancy – A Second Chance" initiative have been achieved.

I can withdraw my consent at any time. I am aware that if I do so the Coordination Office/Koordinierungsstelle 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 educational and social integration as provided by the Coordination Office/Koordinierungsstelle, any personally identifiable information shall be immediately deleted, i.e. anonymised (see above). If case management support is not pursued after \_\_\_\_\_ days since agreeing to it, my data at the Coordination Office/Koordinierungsstelle shall be anonymised. Excluded from this is information used for proving participation (name, address, details of when a case management file is opened and when it ends). Information from proof of participation shall not be electronically processed.

I can view my case file and/or receive an extract from it at the Coordination Office/  
Koordinierungsstelle at any time.

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Place & Date

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Signature of Adolescent

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Place & Date

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Signature of Case Manager

*I give consent for my child/persons I legally represent who is/are unable to judge the significance of this  
declaration.*

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Place & Date

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Signature of Parent/Guardian

or Legal Representative