

Sickness and

Consent Form

I hereby consent to the Company monitoring my absence levels and the reasons for such absences. Any such recording to be held confidential. The processing will principally be for personnel, administrative and payroll purposes.

I understand that information about me shall be of a sensitive personal nature.

I also understand that the term 'processing' means carrying out any operation or set of operations, including organising, altering, retrieving, consulting, using, disclosing, combining, or otherwise processing of data.

I confirm that I have read and understood the terms of this consent to the processing of such data.

[I consent to the Company transferring the data to the following purposes:
<<list reasons>>.]

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the term 'processing' means carrying out any operation or set of operations, including organising, altering, retrieving, consulting, using, disclosing, combining, or otherwise processing of data.

I confirm that I have read and understood the terms of this consent to the processing of data relating to me and that I

the following purposes:

Employee Name:

Signature:

Date: