

## **Information Sharing Consent Form**

I	_ position / Rank	of MT	hereby give my peri	mission for <i>Falcon</i>
Navigation	Shipmanagement S	<b>A</b> to share personal	I information with other s	ervice providers in
connection	with my care, including	g accessing and sh	aring my medical, and if	applicable, mental
health and	criminal records. I agre	ee to a referral being	g made to <i>Wallem Mariti</i>	me Services INC,
in order to	support my needs. I ui	nderstand that <i>Falc</i>	on Navigation Shipman	a <b>gement SA</b> may
hold inform	ation gathered and sha	ire about me from/ t	o various agencies for em	nployment purpose
and as sycl	n my rights under the G	DPR will not be affe	ected.	

## **Statement of Consent:**

- I understand that personal information is held about me.
- I have had the opportunity to discuss the implications of sharing or not sharing information about me.
- I agree that personal information about me may be shared with the following.
  - Manning Agency, where I have dropped my application for job on board vessel.
  - P&I club, for embarkation / disembarkation and medical issues.
  - Software providers for data recording / training
  - Authorities
  - Travel Agency, for ticket issuing related to my embarkation / disembarkation
  - Insurance company, for Medical Care program for me and my family
  - Auditors, for principal's compliance with relevant regulations.
  - Training centres, for my training related to my employment and certification.
  - Vessel's Flag, as required for my documentation in order to join on board vessel.
  - Future employer, for reference purpose (if requested).
  - Union, where seafarer will belong (Company's preference)

## and gathered from the following:

- Manning Agency, where I have dropped my application for job on board vessel.
- Personally
- Ex-employer, for reference purpose (if required)

Are there any agencies / organizations you do not want us to share or gather additional information with? Please list them here:

I agree to my information being shared and gathered between services



Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. Should you have any questions about this process, or wish to withdraw your consent please contact: <a href="mailto:dpo@falcon.gr">dpo@falcon.gr</a>

Name		
Address		
Post code	Date of Birth	
Signature		
Date		
Signature of profes	sional	
Print Name		
Agency / service	Wallem Maritime Services Inc.	