

## 10. BENEFICIARY NOTICE AND CONSENT (PLAIN LANGUAGE TEMPLATE)

### Agreement on personal data

Case/identifying number:

Name of beneficiary:

Date:

Place:

#### How form will be explained

Name of person explaining form: \_\_\_\_\_

Role of person explaining form: (e.g. case officer/volunteer) \_\_\_\_\_

Explanation by person filling in form will be in \_\_\_\_\_ (language of explanation by person filling in form) and translated into \_\_\_\_\_ (language that explanation will be made in to beneficiary). \_\_\_\_\_

Explanation will be assisted by

1.  Translation by trained interpreter or
2.  Informal translation by \_\_\_\_\_  
(record name of translator and relationship to beneficiary e.g. sister, priest)
3.  Assistance by trusted part \_\_\_\_\_  
(record name of translator and relationship to beneficiary e.g. sister, priest)

If you want to be part of the [insert name of programme] then we need to ask you some questions. We use what you tell us about yourself to organise how you get the [insert benefit in programme/cash payment]. There are rules about what we can do with what you tell us. What you tell us is called personal data. These are the rules.

1. We can only use your personal data to do the things that you agree today. We want to use your data to run the [insert name of programme]. We use your personal data to:

- get the [name of benefit in programme/cash payment] to you
- stop the money being stolen
- learn how to make the [insert name of programme] better
- [Optional: include other benefits from [insert name of agency]]

We can only keep your personal data as long as we need it to do these actions. If we want to do something different with your personal data then we must talk to you again.

2. The personal data that we will ask you to give us today is [insert categories of data e.g. name, cellphone number, the data itself may be recorded on a separate form but that must be filled in only after this consent is obtained.]

3. We do share your personal data with others so that you can get the [name of benefit in programme/cash payment]. We will share it with [insert name of service provider e.g. bank or mobile network] or other [insert providers details] to get the [name of benefit in programme/cash payment] to you. When we share your personal data with these others they must also obey these rules. They are not allowed to use your personal data to sell you things, just to give [name of benefit in program/cash payment] to you. You can always ask us with whom we've shared your information.

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4. We try our best to look after your personal data so that no-one else can use it except for those with whom we share it. Everyone who gets your personal data from us must try their best to look after it.
5. There is a risk that someone else could get your personal data from us by doing wrong. [If there is a significant threat that a governmental or other entity might obtain the data with negative consequences beyond breach of data privacy for the beneficiary then the person filling in the form should explain the threat at this point. It is not recommended that the nature of the threat be recorded since that might trigger retaliation against the organisation collecting the data to facilitate payment.]
6. We might have to give your personal data to a government because of laws.
7. If you think that we or someone that we've shared your personal data with has got it wrong then you can tell us to make it right.
8. If some of your personal data changes you can get us to change it.
9. If you think that we or someone that we've shared your personal data with has broken the rules you can complain to us. [Insert contact details of person in country responsible for ensuring compliance with Code of Conduct.]

### Recording agreement

Now that you have heard these rules about what we do with your personal data do you agree to give us your personal data?

- Yes  No

If yes, then indicate how the beneficiary agrees.

1.  Signing a copy of this form.

Signature \_\_\_\_\_

2.  Making a thumbprint or fingerprint on a copy of this form.

Fingerprint

3.  Making a mark next to his or her name. Name and mark: \_\_\_\_\_

4.  Other way (write how the beneficiary agreed): \_\_\_\_\_

If no, then explain to the beneficiary that there is another way to get the benefit and what it is, or if there is no other way then explain to the beneficiary that there is no other way.

Source: CaLP (2013) *Protecting Beneficiary Privacy: Principles and Operational Standards for the Secure Use of Personal Data in E-Transfer Programmes*.