



DECLARATION BY VISITING STUDENTS

I hereby declare that I will respect the confidentiality and privacy of any personal data or information that I might come across during my attachment at Mater Dei Hospital and will in no circumstance disclose any such information. I also confirm that I am aware of the provisions of Data Protection (GDPR(EU) 2016 / 679 & Data Protection Act Cap.568, 2018) and that I will abide by all Government and hospital regulations related to data.

I am also aware that I will be assigned a mentor for the duration of my attachment and will abide by the directions given by the same mentor.

Details of student

Signature: _____
Full name: _____
ID number: _____
Educational Institution: _____
Date: _____

Endorsement by Parent/Guardian (where applicable)

Signature: _____
Full name: _____
ID number: _____
Date: _____

Disclaimer: Mater Dei Hospital will not be, under any circumstance, liable for consequential or incidental damages that might arise out of or related to the behaviour of the said student vis-à-vis the above instructions.

Data Protection Statement: The personal data supplied on this form will be processed in accordance with the GDPR (EU) 2016 / 679 and Data Protection Act Cap. 586, 2018.