# IOM Interview consent form for the Legal guardian

Please request the legal guardian to carefully consider the following (read the text to them if necessary):

**Attention: If the legal guardian does not understand and/or agree with any of the following terms, the interview cannot be completed.**

1. The International Organization of Migration ( hereinafter, “IOM”) will **collect** theinformation of the minor or individual with mental disabilities during the interview, which will include some of their personal details (for example, name, age, gender, your marital status, etc.) and information about their migration experience (for example, how and why they travelled).
2. IOM will **use** that information gathered during the interview to identify any assistance needs that the minor or individual with mental disabilities may have. If assistance needs are identified, IOM will try to provide them with the necessary assistance or refer them to other people or organizations who may be able to assist. IOM will take all reasonable and necessary precautions to preserve the confidentiality of their personal data.
3. In order to provide the minor or the individual with mental disabilities with assistance, IOM may need to **share** some of their personal data with other IOM staff members or offices. If IOM assists the minor or the individual with mental disabilities to access services from another person or organization, we may need to share some personal information with them to enable them to provide assistance. However, IOM will only share their personal information with others if you give us your permission.
4. Some circumstances may require IOM to take additional measures of care and protection (for example, if a minor is involved, or if the respondent has any physical or psychological disorders). For the additional services that may be required, IOM may **share** some of their personal information with the appropriate authorities.
5. IOM may **use** the data collected during this interview for information and research purposes. Any data used for these purposes will be anonymous. For example, the name and other identifying personal information from the individual interviewed will be removed before anyone uses the data for information and research purposes.
6. IOM has an obligation to prevent harm from occurring to other people. If the minor or migrant with mental disabilities share with us any information about other people who are in immediate danger, IOM may **share** this information with the authorities so that the people in danger can be protected and assisted. However, IOM will only share any personal information to the authorities if you give us your permission.
7. Completion of the interview does not guarantee that IOM or other people or organizations will be able to provide the minor or the migrant with mental disabilities with assistance.
8. You can request IOM to access, rectify and delete the personal data of the individual interviewed, and you can file complaints related to your personal data by contacting IOM at *gaf@iom.int.*

**Do you fully understand and agree with these terms?**

[ ]  Yes, I fully understand and agree with these terms, and I freely consent to continue with the interview.

[ ]  No, I do not understand and/or agree with these terms and therefore I wish to stop the interview.

I, [data subject’s first and last name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby authorize the International Organization of Migration and any authorized person or entity acting on behalf of or in partnership with IOM to collect, use, share and retain the personal data of the individual interviewed for as long as necessary to complete the assistance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the IOM interviewer Signature or mark of the legal guardian of the individual interviewed

*If interpreter is used:*

I, [interpreter’s first and last name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby confirm that I am a competent interpreter and that I have verbally translated this Form accurately to the data subject in a language that he/she understands while respecting the content of the Form faithfully.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the interpreter