



European Psychiatric Association Consent Form for EPA list of psychosocial support for those affected by the conflict in Ukraine

Following the conflict in Ukraine and its tremendous impact on the mental and psychosocial wellbeing of people, the European Psychiatric Association (EPA) is compiling a list of mental health professionals who volunteer to give professional support to persons in need. The contact details of volunteers will be provided to any individuals requesting psychosocial support to the EPA.

You are receiving this Form because you expressed interest in being included in the list of mental health professionals who provide support to people affected by the conflict in Ukraine.

The information requested concerns basic personal information and is the following:

- Surname, first name, email
- Country of residence
- Fields of expertise
- Languages spoken

The EPA will only share data of relevant individual experts with third parties as described above. Please note that the data will not be leased or sold to third parties.

Your personal data will be stored by the EPA for a maximum of one year after your last interaction with us in the frame of this specific activity. Under the EU GDPR regulation, you have the right to request access to, rectify, erase and restrict the processing of your personal data. You also have the right to revoke this consent to use your personal data, by sending an email to epa.brussels@europsy.net. Full details of the EPA Privacy Policy can be consulted at: <https://www.europsy.net/privacy-policy-2/>.

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Please tick the boxes below, date and sign and return by email to epa.brussels@europsy.net:

I consent to the European Psychiatric Association using my personal data for the purposes described in this Consent Form and understand that I can withdraw my consent at any time.

give consent do not give consent

I understand and I agree that the EPA cannot be held responsible for the subsequent use made by third parties (as described above) of my contact details.

agree do not agree

Full name of Individual providing Consent: _____

Email address of Individual providing Consent: _____

Date of Signature: _____

Signature: _____