

Consent Form for the Collection, Use, and Disclosure of Personal Data

Healthcare Accreditation Institute (Public Organization)

I,, the data subject, hereby give my consent to the Healthcare Accreditation Institute (Public Organization), hereinafter referred to as “the Institute” in this consent form, to collect, use, or disclose my personal data in accordance with the purposes and conditions stated below:

1. Personal Data refers to any information relating to an individual that enables the identification of such individual, whether directly or indirectly, but does not include information of deceased persons. Specifically, the Institute intends to collect personal data such as: full name, nickname, photograph, address, telephone number, email address, national identification number, date of birth, educational background, employment history, marital status, nationality, ethnicity, religion, bank account number, or any other documents used as supporting evidence related to the aforementioned personal data, etc.

2. The collection, use, or disclosure of personal data is intended for the recruitment and selection process of individuals for employment with the Institute.

This includes, but is not limited to, identity verification, background checks, and contact information. In the event that the applicant is selected for employment, the Institute may collect additional personal data or supporting documents to supplement existing records for the purposes of contract preparation, personnel record management, and other human resource management processes.

This collection, use, or disclosure of personal data also applies to interns, Institute personnel, and individuals involved in recruitment, invitation, or special selection processes, for the benefit of the Institute’s overall human resource management activities

3. I consent to the collection, use, or disclosure of my personal data for the purposes outlined in Clause 2.

If I choose not to provide certain personal data, the Institute may be unable to fully process or assess such data in accordance with the intended purposes, or the related

operations may be delayed. I acknowledge and accept any consequences or potential damages that may result from my refusal to provide such data.

I hereby confirm that all personal data and documents provided to the Institute are accurate and truthful.

If any damage arises as a result of providing incorrect or false information, I agree to take full responsibility for any and all consequences or damages incurred.

4. The Institute will retain your personal data for the duration of your employment with the Institute, starting from the date consent is granted for the collection, use, or disclosure of your personal data, and for no more than 20 years after the end of your employment or until you withdraw your consent.

In the event that you are not selected for employment, the Institute will retain your personal data for no more than 1 year from the date of the announcement of the selection results or until you withdraw your consent.

5. Your personal data collected by the Institute will be kept confidential.

The use or disclosure of such personal data will be strictly limited to the purposes stated in Clause 2, except as required by law—such as by order of a competent government authority or under applicable legal provisions.

6. The data subject has the following rights:

6.1 To access and obtain a copy of their personal data held by the Institute, or to request disclosure of the source of personal data that was collected without their consent.

6.2 To receive their personal data from the Institute in cases where such data is available in a format that is readable or usable by automated tools or devices, and can be transmitted or disclosed by automated means.

6.3 To object to the collection, use, or disclosure of their personal data at any time, where such processing is permitted by law without the need for consent—unless the Institute is legally exempted from such objection.

6.4 To request the deletion, destruction, or anonymization of their personal data, as permitted by law, so that the data can no longer identify the data subject.

6.5 To request the suspension of the use of their personal data as permitted by law.

6.6 To request the correction, addition, or modification of their personal data to ensure that it is accurate, up to date, complete, and not misleading.

6.7 To file a complaint if the Institute or its data processor violates or fails to comply with the Personal Data Protection Law.

6.8 To withdraw consent, in whole or in part, at any time by providing written notice to the Human Resources Unit, unless there are legal limitations on the right to withdraw consent.

Such withdrawal shall not affect the collection, use, or disclosure of personal data for which consent has already been lawfully given.

For further contact, please reach out to:

Human Capital Management and Development Division

Healthcare Accreditation Institute (Public Organization)

88/39 5th Floor, National Health Building, Ministry of Public Health, Soi 6, Tiwanon Road,

Talad Khwan Sub-district, Mueang District, Nonthaburi Province 11000

Tel: +66 2 027 8844 ext. 9310

Email: chaiwat@ha.or.th

I have read, acknowledged, and clearly understood the purposes and conditions regarding the collection, use, or disclosure of my personal data, as well as my rights as stated in this consent form. I hereby sign this document as evidence of my consent.

Signed:..... Data Subject

(.....)

Date: