**CANDIDATE OPT IN FORM**

I understand that company clients will consists of businesses in which Orion Healthcare Solutions have an active business relationship or engaged in business with for the purposes of recruitment. I understand that the processing and sharing of information of my personal data is necessary for the purposes of recruitment

I hereby give my consent to Orion Healthcare Solutions to process the following information

**Personal data**

* Name
* Date of birth
* Contact details including telephone numbers, email and postal address
* Experience ,training and qualifications
* CV
* National insurance number
* Driver licence number
* Proof of right to work
* Bank details
* DBS

**Sensitive information**

Disability/health condition relevant to the role

Criminal convictions relevant to the role

Ethnicity

I consent to Orion Healthcare Solutions processing the above information for the following purposes

For the company to provide me with temporary or permanent work finding services

For the company to process with or transfer my curriculum vitae/ personal data to their clients in order to provide me with work finding service.

Process my data for the purpose of maintaining internal records.

For the Orion Healthcare Solutions to process my data onto recruitment portals with view to potential clients contacting me in relation to temporary or permanent work finding service.

The consent I gave to the Orion Healthcare Solutions will last for as long as necessary for the purposes it was collected and once the Orion Healthcare Solutions no longer need it , it will be deleted or annonymised. I am aware that I have the right to withdraw my consent at any time by completing the candidate withdrawal form.

Candidate name:

Candidate signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_