**MCAST Wellbeing Hub**

**CONSENT FORM**

To whom it may concern,

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert name and surname)*, holder of ID card number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert ID card number)*, hereby declare that I opt **in □ /out** **□** *(tick one box)* from the Wellbeing Hub services at MCAST with immediate effect as of today \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert date)*.

If for any reason the status of the above consent form changes, another consent form needs to be signed.

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

Name and surname Signature

(Of client) (Of client)

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

Name and surname Signature

(Of practitioner) (Of practitioner)

**MCAST Wellbeing Hub**

**FORMOLA TA’ KUNSENS**

Lil min tikkonċerna,

Jiena, hawn taħt iffirmat/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(ikteb ismek u kunjomok)*, bin-numru tal-karta’ tal-identita’ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(ikteb in-numru tal-karta tal-identita’)*, hawnhekk niddikjara li nixtieq li **nibbenefika □ /ma nibbenefikax** **□** *(immarka kaxxa waħda)* mis-servizz tal-*Wellbeing Hub* fi ħdan l-MCAST b’effett immedjat mil-lum \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(ikteb id-data)*.

Jekk għal xi raġuni din id-deċizjoni tiegħek tinbidel, ikun hemm bżonn li timtela’ u tiġi ffirmata formola ta’ kunsens oħra.

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

Isem u kunjom Firma

(Tal-klijent/a) (Tal-klijent/a)

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

Isem u kunjom Firma

 (Tal-prattikant/a) (Tal-prattikant/a)