



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH
NOMINATION FORM

PETRO
Nomination
Rev. 0
01 July 2021

DATA PRIVACY NOTICE
(For Training and Other Related Activities)

Introduction

The National Center for Mental Health-Professional Educational, Training and Research Office (NCMH-PETRO) respects your right to privacy and the confidentiality of your information. This Privacy Statement is to inform you of the use of your personal information when collected for your attendance to learning and development (LD) activity/ies, in compliance with the Data Privacy Act (DPA) of 2012, its Implementing Rules and Regulations (IRR), and other relevant laws of the Republic of the Philippines.

Data Collection, Use and Security

The NCMH-PETRO collects, stores and processes data of employees to screen, facilitate and process the attendance of the NCMH personnel to LD activity/ies, which includes:

1. Personal and contact details including name, cellphone number and email address.
2. Particulars of your employment including your job title, number of years in service, job responsibility/ies aligned to the job
3. Sensitive personal information (e.g. gender, disability, ethnic group)

Only designated staffs have access to the above information. It shall not be used for other purposes.

Data Retention

All personal information that the NCMH PETRO obtained shall be retained for the period specified by law after which, all hard and soft copies of personal information shall be disposed of and destroyed, through secured means (i.e. National Archives of the Philippines General Circular No. 1 dtd January 20, 2009).

Rights of Data Subjects

As a data subject, you have the: 1) Right to be informed; 2) Right to object; 3) Right to access; 4) Right to rectify or correct erroneous data; 5) Right to erase or block; 6) Right to secure data portability; 7) Right to indemnify for damages; 8) Right to file a complaint, pursuant to the provisions of the DPA and its IRR.

If you want to exercise any of your rights or if you have any questions about how to process your personal data, please contact the NCMH PETRO through petro@ncmh.gov.ph or (02) 8531-9001 local no. 258.

NOMINATION FORM

TITLES OF ACTIVITY: _____

DATE/S OF ACTIVITY: _____

TRAINING REQUIREMENTS

1. Desktop/laptop (for workshop); or cellphone/ tablet (for seminar)
2. Internet access (if participant will not join in the assigned venue)

Please write legibly or in PRINT and put a check mark (✓) on the appropriate box.

NAME (First, Middle Initial, Surname)	NICKNAME	SEX	CONTACT DETAILS	
			EMAIL ADD.	MOBILE NO.
POSITION TITLE/ NO. OF YRS IN SERVICE		NAME OF OFFICE/ UNIT		
JOB FUNCTIONS / RESPONSIBILITIES ALIGNED TO THE TRAINING				
Pursuant to RA No. 8371, are you a member of indigenous group?		<input type="checkbox"/> YES (please specify) _____		<input type="checkbox"/> NO
Pursuant to RA No. 9942, are you a person with disability?		<input type="checkbox"/> YES (please specify) _____		<input type="checkbox"/> NO

TRAINING POLICIES

1. All selected participants will receive a **confirmation of participation** through their provide contact details and the office official email address (e.g. _____@ncmh.gov.ph, if applicable).
2. **Request for cancellation/ substitution** must be made two (2) weeks prior to the course date to provide ample time for necessary adjustments.
3. **Participants and focus** are expected to maximize the learning (i.e., not conducting work). A Hospital Order will be issued to authorize the attendance of participants.
4. Participants are expected to **attend the full session** or at least 90% of the training hours and all requirements have been complied to receive their Certificate. Otherwise, no certificate will be issued.

<i>I hereby acknowledge that I have read, understood, and agreed to the Training Policies mentioned above.</i>	<i>I hereby attest that the endorsed participant will give the training his/her full-time and attention.</i>
Name of Nominee (Signature over Printed)	Name of Supervisor (Signature over Printed)

**This form may be reproduced as needed.*