



## NATIONAL BLOOD TRANSFUSION SERVICE

St. Luke's Square, G'Mangia, MSD 07, Malta  
Tel: (356) 22066201, Fax: (356) 21250163  
<http://www.blood.gov.mt> Email: [nbts@gov.mt](mailto:nbts@gov.mt)

Our Ref.: DONFOR-011-060609-03

Address .....

.....

.....

Date .....

To whom it may concern,

I would like to grant permission to my son/daughter .....

I.D.Card No. .... to donate blood to the National Blood Transfusion

Centre, G'Mangia, on .....

Yours truly,

Parent's name (BLOCK LETTERS) .....

Signature .....

I.D.Card No. ....

The *National Blood Transfusion Service* operates under the following laws; The Human Blood and Blood Components Act 2005; EU Directive 2002/98EC and EU Directive 2004/33EC. All data is collected and processed in strictly in accordance to the Data Protection Act 2001, the Human Blood and Blood Components Act 2005, other subsidiary legislation and the Privacy Policy of the Department, a copy of which is available on demand. The sensitive data\* we are requesting is required for the purpose of this application. You are not obliged to give this information if you do not wish to. However, you should be aware that, should you not provide such information, the department cannot process this form. You are entitled to see the information, related to you, should you ask for it in writing and we endeavour to satisfy this request in a reasonable time. Any communications are to be addressed to the **Data Controller – National Blood Transfusion Service**.

\* Sensitive Data refers to data, which can reveal race or ethnic origin, political opinions, religious or philosophical beliefs, membership of a trade union, health or sex life.