As Istanbul Gelişim University (hereinafter referred to as "GELİŞİM") within the scope of the Law on the Protection of Personal Data No.6698 (hereinafter referred to as the "KVK Law"), as the Data Supervisor, in accordance with the other processing conditions included in the KVK Law (for example We request your explicit consent regarding the following matters within the scope of the processing and / or transfer of your personal data specified below:

|  |
| --- |
| I was informed by the University with the **"Clarification Text for Volunteers in Accordance with KVK Legislation".**   * I have been informed that I have read the '' Enlightenment Text for Academic Personnel Candidate in Accordance with the Law No. 6698 on the Protection of Personal Data '' submitted to me, reporting to the sponsors, giving information about the University's activities, being invited to the University for the purpose of promotion and education, organizing the duties I will undertake and informing about the duties to be able to evaluate volunteering activities to be carried out by my side, to announce vacant job positions or University activities, to ensure my accommodation and safety within the framework of University activities, to share volunteer stories on social media, to be able to provide guidance to me in areas such as scientific research, thesis studies, and to be evaluated in terms of security, to measure the social impact of the University on the society, The registration, storage, modification, updating, classification of the data that I filled out in the form of registration and counted in the clarification text by the university, to receive information / data from the relevant persons by calling the authorities of the university and to process this information / data by the university, the purposes specified by these institutions and to be processed within the scope of the scope and to be kept for 6 (months) as of the date I make my application;   If you have partial consent, please specify below:  I know that I can withdraw this express consent at any time and in this case I can send my request to you in one of the ways presented to me in the clarification text. |
| I have full consent  I have partial consent  I have no explicit consent |
|  |

Please select only one option.

|  |  |  |
| --- | --- | --- |
| **Related Person** | | |
| Name&Surname | **:** |  |
| Date | **:** |  |

Signature :