



Mahidol University
Faculty of Medicine Siriraj Hospital

CONSENT FORM FOR
THE COLLECTION, USE AND DISCLOSURE OF PERSONAL DATA
PERTAINING TO SIRIRAJ INTERNATIONAL VISITING SCHOLARS

Visiting Duration:22 January - 2 February
2024.....

Host Department:Department of
Biochemistry.....

By signing this consent form, I
..... (full name as per
passport) hereby

[] consent

[] do not consent

the Faculty of Medicine Siriraj Hospital, Mahidol University, to collect, use, and disclose my
personal data, including my picture, video, or audio recording, or all three of them, for the
purposes as mentioned below;

- Promotion: This is intended to promote the program outcome and increase
faculty awareness of the program via the website, social media,
and/or other communication channels.
▪ Education: This is intended to facilitate the education and enrichment of
the students and medical personnel.
▪ Research: This is intended as a reference for future collaboration and research
expansion.
▪ Medical Service: This is intended to utilize knowledge and experience to improve
the quality of medical service.

I agree that all such pictures, videos, or audio recordings and any reproduction thereof shall
remain property under my right and that the Faculty of Medicine Siriraj Hospital may use it as it
sees fit.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding.

I understand that these images may appear publicly on the website, social media and/or other
communication channels regarding academic purposes and activities.

Signature

Name in Print



Date

..... / /

Mahidol University
Faculty of Medicine Siriraj Hospital