

**CONSENT FORM FOR THE REPORTING TO THE NATIONAL REFERRAL MECHANISM
FOR THE PROTECTION OF VICTIMS OF HUMAN TRAFFICKING**

From the information you have given to the professional with whom you cooperate, there is a serious possibility that you are a victim of human trafficking. Trafficking in human beings constitutes a criminal offence in Greece and includes any act of transfer, deception, coercion, or restriction of a person's liberty for the purpose of their economic exploitation through physical and psychological violence, threats or in any other way leaving them no other choice. The victims of this crime are entitled to assistance and protection and have the right to address to the competent prosecuting authorities.

The National Referral Mechanism for the Protection of Victims of Human Trafficking (NRM) operates in Greece, by cooperating with all Actors that provide support and protection services to presumed victims of human trafficking. **The purpose of the NRM** is to ensure the access of presumed victims to all services available towards their protection, and to be able to collect statistical data that will help to understand the phenomenon of trafficking in human beings and combat it.

With this form, we ask for your agreement (consent) in order for the professional you cooperate with, to be able to share with the National Referral Mechanism for the Protection of Victims of Human Trafficking, key demographic data (such as country of origin, age, marital status), data on the needs and services you receive, as well as information directly related to the exploitation you have suffered. These data will allow the Greek state to monitor your case as a victim of human trafficking, as well as gain further insight into the crime of human trafficking, in order to help other victims.

We want to assure you that your participation is optional and any personal information that will be given to the NRM about you by the professional you cooperate with will not be disclosed to another Service, including the Police Authorities.

I,, after I was given information and had the opportunity to ask supplementary questions, and having understood the purpose of the NRM, in a language understood by me, I consent to the disclosure of the relevant required information to the NRM by the Actor, to which I have addressed. I have taken notice that my personal identifying data will not be disclosed, and any other information provided will be used solely for the purposes of the NRM.

YES

NO

Assisted Person's Signature

Interpreter's Signature

Professional's Signature