

Welcome to the social counseling service of the Studierendenwerk Dortmund!  
Telephone: 0231-20649-185, email: [soziales@stwdo.de](mailto:soziales@stwdo.de)

## Data protection

If you contact us, the social counseling service of the Dortmund Student Union will process your personal data, in particular your name, your contact details, your counseling request and minutes of the consultations. We offer counseling sessions and use your data to carry out the consultation and to fulfil our legal obligations, in particular retention obligations. The retention period is up to 10 years after completion of the consultation. The social counseling staff have access rights to your data. All information about your request, your person, your professional or financial circumstances and the fact of your consultation that we become aware of during the consultation are subject to confidentiality. Data will only be passed on in exceptional cases if there is a legal obligation to do so or in the unlikely event of a legal dispute to protect our legitimate interests. Further information on data protection can be found at [www.stwdo.de/datenschutz](http://www.stwdo.de/datenschutz).

## Consent

I have read the information on data protection. I consent to the processing of my personal data by the advice center for the purpose of advice, its documentation, storage, supervision and quality assurance, or to fulfill legal obligations. For these purposes, an exchange takes place within the employees of the advice center (psychological advice center, social counseling and emergency assistance) where necessary; in this respect, I release them from the obligation of confidentiality. I consent that, if necessary, a representative may contact me by telephone and email for organizational purposes (e.g. rescheduling appointments due to illness or vacation), using my details listed below. If I use or arrange a video call or video conference, I hereby consent to my data being processed by the technical provider for the purpose of conducting the video call or video conference, in accordance with the data protection information of this provider. In particular, I agree that my data required for the purpose of invitation and organization of access to participate (email address, date and time of the appointment, name if applicable) may be passed on to the video call or video conference service. I can revoke my consent in whole or in part at any time with effect for the future. The revocation can be made in any form. For reasons of proof, I am asked to send it by post or email with the subject "Revocation". I have been given sufficient opportunity to ask questions about the consultation offer and this consent, and my questions have been answered.

Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ University: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

The email address I have provided may be used to send me documents.

place, date, signature \_\_\_\_\_

Thank you for your trust. If you have any questions, please feel free to contact us.