



National Blood Transfusion Service
Guardamangia Hill, Pietà
PTA 1314
Malta

Blood Donation Centre
St Luke's Square, Guardamangia
PTA 1010
Malta
Tel: 22066201
Mob: 79307307
Free Phone: 80074313

Website:
www.blood.gov.mt
E-mail:
customercare.nbts@gov.mt
Facebook:
www.facebook.com/bloodmalta
Mobile App: Blood Donors MT

Address: _____

Date: _____

To whom it may concern:

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

I.D. card number _____ to donate blood to the National Blood Transfusion Service
on (date) _____.

Yours truly,

Name of parent / legal guardian
(BLOCK LETTERS): _____

Signature: _____

I.D. Card Number: _____

The personal information provided in this form shall be processed in accordance with the General Data Protection Regulation (GDPR) EU 2016/679, the Data Protection Act (CAP586) and any other law to which the National Blood Transfusion Service (NBTS) may be subject to, for the purposes of collecting and processing blood components. Your personal information will not be disclosed to third parties unless strictly required by law. The retention period of the personal data you provided in this application is stored for a minimum of 30 years. For further information with regards data protection and your rights as a data subject please access our Data Protection Policy from the registration desk or online at <https://blood.gov.mt>.