

Permission To Disclosure Form

I

Of.....

.....

.....

Reference number

Give permission for Mosscafe St Vincent's Group to contact and discuss matters relating to myself in respect of my tenancy including Repairs, Rent, Anti Social Behaviour, including and where appropriate my wellbeing with other agencies, for example, GP, Community Mental Health Team etc.

(Please delete if not applicable)

To the following person (s)

Name.....

.....

Address.....

.....

Telephone number

Relationship to customer

.....

I will inform Mosscafe St Vincent's if at any point I wish to withdraw my consent to sharing of my personal information.

Signature.....

Date.....

Data Protection Statement

The information that you provide on this form and is obtained from other sources is covered by the provision of the Data Protection Act (1998). The personal information you give us will be used in a confidential manner, and will only be disclosed to the relevant parties who are working with us to support you in your tenancy.

Please refer to our guide to your rights on data protection for further information.