

Client authority to act on their behalf form



Morecambe

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Lancaster

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At Citizens Advice North Lancashire we must ask for your authority to act on your behalf when taking action for you. This form is used to do that. For more information, please talk to a member of staff.

Name (Client's):

Address:

.....Postcode:

I authorise Citizens Advice North Lancashire to act on my/our behalf

Yes No

Concerning the issue of:

.....

.....

.....

Signed by:

Name:Date:.....



If you have a complaint about the service provided please contact Helen Greatorex, **Chief Officer**

North Lancashire Citizens Advice is a charitable company registered in England & Wales.

Registered Office: Oban House, 87-89 Queen Street, Morecambe, Lancs LA4 5EN

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I give my consent for the following person:

Name:

Address:

.....**Post Code:**

To liase with Citizens Advice North Lancashire on my behalf with regards to my enquiry.

Name: **Signature:**.....

Address:**Post code:**.....

Date:

Client permission and consent form

When we record and use your personal information we only access it when we have good reason, we only share it when it is necessary and we do not share the information with commercial organisations. We need to record information about you to help with your enquiry. We have a legitimate interest to do this. Please let us know if you'd like more information about how we'll use your data.

We need your consent to record and use your special category personal data

We need your explicit consent to use some information, including your ethnicity, religion, health conditions, sexual orientation, and trade union membership.If you agree, we'll use this information, which is known as 'special category personal data' to:

- give you advice
- help us gather data to improve our service
- support our research in a way that you can't be identified

We'll make sure all your information is kept safe in our secure case management system. By ticking the boxes below you consent to Citizens Advice recording the special category personal data you choose to provide Citizens Advice.

Do you give permission for us to store your data on our system? It is useful for your details to be on our system if you return to the office.

Yes **No**

Permission to share your data

Do you give permission for us to share your data?

Yes **No**

Can we contact you for feedback?

Yes **No**

By ticking the boxes below you consent to Citizens Advice recording the special category personal data you choose to provide Citizens Advice. **Yes, I consent to you holding information on my** (please tick all of those you agree to)

Ethnicity **Health Condition** **Religion** **Sexual orientation** **Trade Union membership**

Name:	
Signature:	Date: