

FORM OF AUTHORISATION

As your Member of Parliament I will treat as confidential any personal information which you pass to me. Normally only my staff and I see this so that we can find help and advice for you. However, in some cases it may be necessary to pass some or all of this information on to other agencies, departments, public representatives or officials in order to obtain further information about your case. To enable me to act on your behalf I require written permission and would be grateful if you could complete the form below:

NAME (Please print) _____

PHONE No. _____

ADDRESS _____

I have instructed my Member of Parliament, Natalie Elphicke, to act on my behalf in this matter. I give my permission for any agency, department, public representative or official contacted to provide any information, correspondence or documents and would be grateful if this could be sent to the address of my MP. I confirm that I have given my MP permission to pursue these matters and to use all information I have provided, whether written or spoken, including sensitive personal information.

I understand that this will be done in line with the requirements of the General Data Protection Regulation.

SIGNED _____

DATE _____