

Consent Form

Applicant
Name

Reference
Number

Please state the full name(s) of those you give consent to e.g. name & relationship to any family member/ friend; or name & job title of any support worker, medical professional etc.

I give my consent for Gateway to Homechoice to discuss all aspects of my application for social housing with the following named person (s):

Name:.....

Relationship/ Job Title:.....

Name:.....

Relationship/ Job Title:.....

Name:.....

Relationship/ Job Title:.....

I am aware that I can discuss, withdraw, change or review my consent at any time.

Data will be processed and held securely in accordance with the UK General Data Protection Regulation and the Data Protection Act 2018 (and any updates).

Further information about data protection can be found on the East Suffolk Website:

<https://www.eastsuffolk.gov.uk/assets/Your-Council/Access-to-Information/Privacy-Notices/Housing-Needs-Privacy-Notice.pdf> or on the Gateway to Homechoice website:
<https://www.gatewaytohomechoice.org.uk/PrivacyPolicy>

Signed

Date

This consent form is valid for 12 months from the date signed.

This consent form does not cover organisations as a whole and only covers the above named person(s).

Please return this form to our postal address: Gateway to Homechoice, East Suffolk Council, Riverside, 4 Canning Road, Lowestoft, NR33 0EQ

Or via email to: homechoice@eastsuffolk.gov.uk