

Please complete and return this form to:

**bpha**

Pilgrims House, Horne Lane

Bedford, MK40 1NY

Tel: 01234 791000

Email: [info@bpha.org.uk](mailto:info@bpha.org.uk)



## Consent Form

Please complete this form if you would like to authorise another person to access your data and act on your behalf. If you wish to withdraw this permission you must notify us in writing.

### Section A: Your Details (person making request, please complete in full)

Full name	Tenancy reference	
Address		
		Postcode
Tel	Mobile	Fax
Email		

### Section B: Representative(s). The person or people who you are granting permission to access your personal information and act on your behalf (please complete as necessary)

Person 1's name		
Address		
		Postcode
Tel	Mobile	Fax
Email		
Relationship to you:		

Person 2's name		
Address		
		Postcode
Tel	Mobile	Fax
Email		
Relationship to you:		

Person 3's name		
Address		
		Postcode
Tel	Mobile	Fax
Email		
Relationship to you:		

### Section C: Representative's authorisation

- I am the representative named in Section B and agree to act on behalf of the resident named in Section A.
- I agree to my personal details being processed by **bpha** and **bpha's** partners in accordance with this authorisation.
- I confirm that I am over 18.

Person 1's signature	
Name (please print)	Date

Person 2's signature	
Name (please print)	Date

Person 3's signature	
Name (please print)	Date

### Section D: Your authorisation

- I am the resident named in Section A and hereby give consent for the person or people named in Section B to access my personal information and act on my behalf.
- I confirm this person/people is/are over 18 and I will notify **bpha** in writing if I wish to withdraw these permissions in the future.
- I confirm that the information I have provided is correct to my knowledge and belief.

Signed	
Name (please print)	Date