

**Faversham Assistance Centre (FACE)  
Data Protection Act - Client Consent Form**



In order for us to help you with your enquiry we may need to record details of your case. These details may contain your personal and sensitive data.

To comply with the Data Protection Act (2018) we must tell you how we use this data and ask for your permission. By signing this form you are providing your permission for us to process your data for the purposes below. For further information please see the section titled 'Information on Terms Used in this Form'.

**Permission to store your data**

We are required by law to ask for your permission to record the details of your case. These details may contain your personal and sensitive data. The record of your case will be stored in a shared electronic case management system accessed by members of FACE. Paper copies of your data may also be stored securely by FACE. For the purposes of the Data Protection Act the members of FACE are Data Controllers.

I give permission for FACE to contact me by:      **Phone**            **Letter**     

I give my consent to FACE recording sensitive personal information about me     

Title:	Miss / Mrs / Ms / Mr / Other.....
First Name:	
Surname:	
Address:	
Postcode:	
Landline:	
Mobile:	
Email:	
Emergency contact	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please complete these sections **as fully as possible**. It helps us to record accurate data, enabling us to assist you with your query. It also provides data to demonstrate to our existing and potential funders the needs of the community.

**When returning your form PLEASE INCLUDE a recent utility bill dated within the last 3 months (it will be returned to you). This will be used as proof of ID/address when applying for our services. Please contact the office if you need to discuss this.**

**Date of Birth**            **Gender:**    **Male**            **Female**     

**Marital Status**  
 Single            Married        
 Separated            Divorced        
 Cohabiting            Civil Partnership        
 Widowed            Other     

**Household Type**  
 Single            Couple        
 Single with dependent children            Couple with dependent children        
 Single with non-dependent children            Couple with non-dependent children        
 Other Adults only            Other with dependent children     

**Housing Type**  
 Own Outright            Private Tenant        
 Housing Association            Council Tenant        
 Name of Housing Association      \_\_\_\_\_

**Disability/Health Problems**  
 Disabled            Long-term Health Condition            Other \_\_\_\_\_  
 Unknown/Withheld            Not Disabled/No Health Problems     

**Type of Disability/Condition**  
 Long-Term Health Condition            Mental Health        
 Visual Impairment            Hearing Impairment        
 Cognitive Impairment            Multiple Impairment        
 Physical Impairment            Learning Difficulty     

Other Disability      \_\_\_\_\_

**Continued Overleaf...**

**Occupation**  
 Employed more than 30hrs per week            Retired            Other \_\_\_\_\_  
 Employed less than 30hrs per week            Volunteer        
 Permanently sick/disabled            Self Employed

## Your Household

Please give details of all occupants (relationship & age)

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_

## Type of Help Required?

Gardening  Regular  One Off

Average Garden Size \_\_\_\_\_

Type of Maintenance: Lawn Cutting  Weeding  Hedges

Do you have a professional Gardener to help you? Yes  No

Decorating  Room(s) \_\_\_\_\_

## How Did you Hear About FACE?

Age UK  Current Client

Neighbour  Housing Association

Other: Please state \_\_\_\_\_

## Donations

Our services for labour are completed on a donation only basis to the elderly or disabled people who are on benefits or low income with no one else to turn to.

We can only continue to help people through generosity or their donations.

**The suggested donation is £13 per visit but please give as much as you are able.**

**Thank you for completing this form.**

**We will assess the information you have provided and contact you shortly.**

## Information on Terms Used in this Form

### What is personal and sensitive data?

Personal data is data which can be used to identify you. This may include your name, date of birth, address, telephone number etc.

Sensitive data is information related to any of the following: racial or ethnic origin, political opinions, religious beliefs, trade union membership, health, sexuality or sex life, offences and/or convictions.

### Where will you store my data?

The record of your case will be stored in a shared electronic case management system accessed by members of FACE.

Your information may also be stored in a paper file held securely by FACE.

### What is a Data Controller?

A Data Controller is someone who is responsible for your data and who must make sure that your data is processed according to the law. For example they are responsible for making sure that the information held about you is accurate and that it is kept secure.

### Can I withhold my consent?

Yes we will not record your information unless you provide your consent. We will not share your information with anyone else without your consent, unless required to do so by law.

### Data Protection Act

In order for us to establish your eligibility for our services we may need to record details of your case. These details may contain your personal and sensitive data. To comply with the Data Protection Act (2018) we must tell you how we use this data and ask for your permission. By signing this form you are providing your permission for us to process your data for the purposes required.

### Office Use Only

Date Received

Date Added to the service list

Date Removed from service list (if applicable)

Faversham Assistance Centre (FACE), The Old Fire Station, Crescent Road, Faversham, ME13 7GU

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Registered Charity No: 1172770