**Representative Form for SW9 Staff and Agent**

I named below, tenant of ,

give my formal consent to allow the below named representative/team to act on my behalf with handling matters for the following purposes:

* To complete forms for me that enable benefits or health care such as arranging dental care or doctors/hospital appointments.
* To obtain personal data relevant to my case or claim
* To speak and act on my behalf regarding issues surrounding my welfare, benefits and care arrangements.
* To speak and act on my behalf regarding issues surrounding financial and employment situation

**Named Staff Representative Details:** (please note this is to enable the staff member to carry out and support you with your activities above in accordance to our internal processes)

|  |  |
| --- | --- |
| **Name:** |  |
| **Role:** |  |
| **Team:** |  |
| **Organisation:** |  |

I am aware that this consent will be held on file for 3 years from the date of signing, after which new consent will need to be provided.

I am aware that I can withdraw my consent at any time by emailing [DPO@SW9.org.uk](mailto:DPO@networkhomes.org.uk) or by writing to the SW9 Community Housing, 6 Stockwell Park Walk, London, SW9 0FG.

**Print Name:**

**Date Signed:**

**Sign:**

Office Authorisation: I below confirm I have given authority for this named staff member to act in this capacity for above resident.

|  |  |
| --- | --- |
| **Name** |  |
| **Position (SLT)** |  |
| **Signature** |  |
| **Date** |  |