**<<Bureau Name>> Client Permission & Consent Form**

**Collecting your personal information**

In order to help you, we have to collect some information from you. This could include your name, date of birth, address, NI number, gender, contact information and housing situation.

**We collect this information so that we can offer you advice and assistance specific to your circumstances. We always hold your information securely, use it lawfully and record it on the legal basis of legitimate interest.**

Weonly access it when we have a good reason**,** willonly share what is necessary and relevant andnever sell it to commercial organisations.

**Who am I sharing my information with?**

Each local Citizens Advice Bureau is an independent charity and along with Citizens Advice Scotland (CAS), is a member of the Scottish Association of Citizens Advice Bureaux (SACAB). This means we use your information for monitoring purposes, our research and campaigning work and to keep improving our service for citizens in Scotland.

Whilst you are not obliged to tick the box below, you should be aware that without your information, the help we can provide will be limited to general information.

**Yes - I/We have understand that SACAB will hold and use personal information about me/us**

|  |  |  |
| --- | --- | --- |
| **Name(s) :** |  | |
| **Address:** |  | **Date(s) of birth:** |
| **Signature(s):** |  | **Date:** |

You can find out more about what we do with your information in our privacy policy. You can read more by visiting <<insert hyperlink to Bx policy>> or by asking for a copy.

**Collecting your sensitive personal data**

We may ask you for information such as your race, ethnic origin, politics, religion, trade union membership, genetics, health, sex life or sexual orientation. This is ‘special category data’.

Some examples of times we might ask for this information would be if you:

* Are looking for help with a health related benefit
* Come to us with an employment problem and we ask if you have spoken with a Trade Union
* Feel that you are being unfairly treated by your landlord because of your race

We need to get your explicit consent to record this information. The law means that we only ask for this if we absolutely have to and to ensure that we understand your needs. We can also use it to help us improve our service.

By ticking the boxes below you consent to us recording special category personal data.

**Yes, I consent to sharing my sensitive information with SACAB** (tick all of those you agree to):

**Race**   **Ethnicity**   **Health Condition**   **Religion**   **Political beliefs**

**Sexual orientation**   **Sex life**   **Trade Union membership**

|  |  |  |
| --- | --- | --- |
| **Name(s) :** |  | |
| **Signature(s):** |  | **Date:** |

You can withdraw your consent at any time by contacting <<Bureau Name and contact details>>. You should be aware that this right is not absolute and only applies in certain circumstances.

**Can we contact you for feedback?**

We want to make sure our service meets your needs and to improve our service, we may want to contact you at a later date to ask for your feedback. Sometimes we need a trusted research partner to help us do that. We’ll decide who we contact for feedback based on the services you used and the advice area. We may also use your sensitive information so that we hear from different groups.

Please tick the box below if you agree to us getting in touch. You can change your mind at any time.

Yes - I agree to being contacted for feedback using my information

**If someone needs to deal with your enquiry on your behalf (only complete if necessary)**

We are not allowed to discuss anything about your enquiry with a 3rd party (family member, interpreter etc.) without you giving us authority to do so. If you need this help, fill in the boxes below with the authorised person’s details, along with what you are allowing us to discuss with them.

I authorise the individual named below to act on my behalf:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | | | |
| **Contact no:** |  | **Address (personal or organisation):** | |  |
| **About the following issue(s):** |  | | | |
| **Signature:** |  | | **Date:** |  |