` Client Ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At Citizens Advice Watford we must ask for your authority to act on your behalf when taking action for you. This form is used to do that. For more information, please talk to a member of staff.

|  |  |  |
| --- | --- | --- |
| **Client’s name:** |  |  **DOB:** |
| **Address:** |  |  |
|  |  |  |
| **Postcode:** |  |  |

I authorise the Citizens Advice Watford to act on my/our behalf, including taking up enquiries and receiving information.

☐ ​Yes ☐ ​No (please tick)

Concerning the issue of (tick all that apply):

|  |  |
| --- | --- |
| ☐ Employment  | ☐ Benefits |
| ☐ Money advice | ☐ Relationship and family |
| ☐ Housing | ☐ Consumer |
| ☐ Immigration | ☐ Discrimination |
| ☐ Health and community care | ☐ Travel and transport |
| ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

If it is agreed with you that we are to act on your behalf in connection with your enquiry this may be by telephone, letter, fax or email. We cannot guarantee that these are completely secure methods of communication.

**Sharing special category data:**

We need your explicit consent to share the special category data below.

Please tick the categories of data which you agree to us sharing as part of the referral:

Ethnicity ☐ Health condition ☐ Religion ☐ Trade Union membership ☐ Sexual orientation ☐

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

Citizens Advice Watford has a complaints handling procedure, full details of which are available on request.