**Representative Consent Form**

**Older Persons**

This form is to enable a third person to speak, act or request data on your behalf. It will be kept on your housing file for 6 years post your tenancy/lease with us. For more information on how we process your data please view SW9’s [Privacy Statement](https://www.sw9.org.uk/privacy-statement/)  on our website.

I, named resident give my formal consent to allow the below named representative to act on my behalf with handling matters for me with SW9 Community Housing for the following purposes:

[ ]  To request, discuss and receive all personal data regarding any complaints with the named property.

[ ]  To request, discuss and receive any repairs regarding the named property.

[ ]  To request, discuss and receive any financial matters regarding rents, compensation, benefits and arrears for the named property.

[ ]  To update or amend resident details for the named property.

**Resident Details:** We need this information to identify you and enable the consent you have provided.

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| **Resident Name:** (please print) |  |
| **SW9 Property Address:** (Named Property) |  |
| **Email Address:** (we use your email to enable you to directly manage this consent on our privacy management system) |  |

**Named Representative details:** To effectively identify this individual we require a name, contact number and email address to add to our housing systems. Should mail be going to your representative instead of you, we would need their email address and personal home address. We also ask for a password that you (the resident) agree with the representative to put on our housing management system to support the identity checks when they contact us.

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| **Name:** |  |
| **Contact Number:** |  |
| **Home Address:** |  |
| **Email Address:** |  |
| **Agreed Password:**  |  |
|  |  |
| **As the named resident, I confirm that:** 1. The named representative knows of this form and my sharing this data with you. They understand that these details will be stored on SW9’s system to enable this sharing.
2. I am aware that this consent is valid for a maximum of ten years, after which a new consent will need to be provided.
3. These are my written instructions and that I am aware of my right to withdraw or amend this consent at any time by contacting dpo@sw9.org.uk or SW9 directly.
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| By submitting this form, you agree to SW9 Community Housing as data controller to disclose the data you consent to, to the above individual/organisation. The information recorded on this form (called 'personal data' in the Data Protection Act) will be put on SW9’s secure computer systems and will be processed to help SW9 disclose information with the named individual/organisation. |

**Date: \_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please send this form to info@sw9.org.uk or hand in at your local office.

**For Office Action only**

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| **Date of verification of request:** |  |
| **Method of verification of request:** |  |
| **Date note added to housing system:** |  |
| **Resident’s Tenancy Number** |  |
| **Resident’s Northgate Person Ref Number:** |  |
| **Verifier’s Name:** |  |
| **Verifier’s Department:** |  |