

## Consent To Share Information

Please complete this form to give us permission to share your personal information with others, such as a friend, relative, or other organisation for your housing management and support needs. If you wish to withdraw this consent, please notify us in writing.

Please send your completed applications to a staff member at A2Dominion or you can email it to [customer.services@a2dominion.co.uk](mailto:customer.services@a2dominion.co.uk) with the subject line 'Consent to share form'.

### About you

**Title** Mr  Mrs  Ms  Miss  Other   
**Please specify**

**Full name**

**Property address  
and postcode**

**Date of birth**

**Phone No.**

**Email address**

### Are you?

A former/current tenant. If so, please provide your tenancy agreement reference number

A former/current employee. If so, please provide your employee number

Other  
If 'other', please specify

### If we have any queries, how can we contact you?

**Email**

**Post**

**Phone**

A2Dominion works closely with other agencies to coordinate the best services for you and your family. Your informed consent for the sharing of information will be sought and respected in all situations unless:

- we are obliged by law to disclose your information regardless of consent or otherwise,
- it is unsafe or impossible to gain consent or consent has been refused, and;
- without information being shared, it is anticipated a child, young person or adult will be at risk of serious harm, abuse or neglect, or pose a risk to their own or public health or safety.

## Proposed Use and Disclosure of personal information

Please confirm who you are giving us permission to share your information with:

- |  |   |
|--|---|
| <input type="checkbox"/> Local Authority; such as housing allocations, housing benefits, environmental health, community safety and council tax. | <input type="checkbox"/> Department for Work & Pensions, Job Centre Plus, and all other benefits and finance related agencies |
| <input type="checkbox"/> GP, community mental health service and other health professionals  | <input type="checkbox"/> Police, youth offending teams and National Probation Service   |
| <input type="checkbox"/> Citizens Advice Bureau, law centers and solicitors  | <input type="checkbox"/> Utility companies (for example gas, electricity and water)   |
| <input type="checkbox"/> Social Services   | <input type="checkbox"/> County Council Compliance Officers (for auditing purposes only)                                      |
| <input type="checkbox"/> Family/friends  | <input type="checkbox"/> Other  |

Please tell us what type of information you would like shared:

If you have ticked any of the above please specify the persons/organisations details below:

(Please use continuation sheet if necessary).

Name of person or organisation	<div style="background-color: #e0e0e0; height: 20px;"></div>
Relationship to you	<div style="background-color: #e0e0e0; height: 20px;"></div>
Address and post code	<div style="background-color: #e0e0e0; height: 20px;"></div>
Telephone number	<div style="background-color: #e0e0e0; height: 20px;"></div>
Email address	<div style="background-color: #e0e0e0; height: 20px;"></div>
Name of person or organisation	<div style="background-color: #e0e0e0; height: 20px;"></div>
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Telephone number	<div style="background-color: #e0e0e0; height: 20px;"></div>
Email address	<div style="background-color: #e0e0e0; height: 20px;"></div>

## Declaration

I confirm that I am the data subject named in section one and I give consent for you to share my personal information with person(s)/ organisation(s) names above.

**Signature****Date**

## Consent To Share continuation sheet

**Name of person or organisation**

**Relationship to you**

**Address and Post Code**

**Telephone**

**Email Address**

**Name of person or organisation**

**Relationship to you**

**Address and Post Code**

**Telephone**

**Email Address**

**Name of person or organisation**

**Relationship to you**

**Address and Post Code**

**Telephone**

**Email Address**

**Name of person or organisation**

**Relationship to you**

**Address and Post Code**

Telephone

Email Address



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Scan the QR code, visit [a2dominion.co.uk/translations](https://a2dominion.co.uk/translations),  
or call **0800 432 0077**.