**Authorisation Form**

I give my permission for your name/your organisation’s name to contact individuals and organisations on my behalf and discuss my confidential information.

I give my permission for your name/your organisation’s name to have full access to any and all my records held by any third-party individual or organisation. I understand that your name/your organisation’s name may ask for this information in line with the Data Protection Act 2018.

I give permission for your name/your organisation’s name to act on my behalf.

I have been told that this client authorisation form may be photocopied, and I have agreed that copies may be used when your name/your organisation’s name asks for information about me or my records.

To complete this form, please fill in your details below at section number 1 and sign where indicated. Ask another person to watch you sign the form. They should then complete their details at section 2 and sign it where indicated.

**Name: ………………………………………………………………………………………**

**Date of Birth: ………………/……………………………/……………………………………….**

**Signature: ………………………………………………………………………………………**

**Date: ………………/……………………………/……………………………………….**

**Witness name: ………………………………………………………………………………………**

**Witness signature: ………………………………………………………………………………………**

**Date: ………………/……………………………/……………………………………….**