

THIRD PARTY AUTHORISATION

YOUR DETAILS

NAME:

DATE OF BIRTH:

ADDRESS:
.....

POSTCODE:

NATIONAL INSURANCE No:

CONTACT TELEPHONE/MOBILE NUMBER:

PLEASE STATE THE REASON (s) YOU WOULD LIKE A THIRD PARTY TO ACT ON YOUR BEHALF

.....
.....

I, (insert name)

HEREBY AUTHORISE

(insert name) TO ACT ON MY BEHALF.

DECLARATION (read carefully):

- I would like to nominate a person/organisation to correspond with Edinburgh Food Project's, Money Advice Service (MAS) on my behalf. This will include sharing and receiving personal and sensitive information about me from and with Edinburgh Food Project, MAS.
- I understand that giving my consent will allow the nominated person/ organisation to communicate with Edinburgh Food Project, MAS about me, while casework is being carried out on my behalf.

- I understand the nominated person/ organisation is involved to help relay information, but not make decisions on my behalf.
- I understand the risk of sharing my personal information with a third party e.g. the risk that the third party intentionally or unintentionally shares my information with others
- I understand that the sharing of information with the person or organisation I have nominated will start when Edinburgh Food Project, MAS, receives this signed consent form and I understand that this will remain in place until the case is closed, or until I restrict/withdraw consent.
- I understand that the person or organisation I have nominated will be made aware that the case has been closed.
- I understand I can restrict or withdraw my consent at any time by contacting EFP MAS.
- In signing this form, I accept any risks associated with providing third-party consent.

SIGNATURE.....

PRINT NAME

DATE.....

TO BE COMPLETED BY THE NOMINATED THIRD PARTY:

By agreeing to act as the third-party for the above-named person, I understand that I will be able to give and receive information about them.

All future communication sent from EFP, MAS will be supplied to me.

NAME:

RELATIONSHIP (e.g. son, /daughter/friend/organisations):

.....

ADDRESS:

.....

.....

POSTCODE:

CONTACT TELEPHONE NUMBER

CONTACT EMAIL ADDRESS

- I agree that any information I receive will be treated with respect and confidentiality.
- I understand it is my right to withdraw my position as a third party to the above-named individual.
- I understand if I wish to withdraw my position as a third-party to the above-named individual, I should inform an Edinburgh Food Project Money Adviser.

NOMINATED THIRD PARTY SIGNATURE:

PRINT NAME:

Date:

****Please tell us straight away if you want to withdraw as a third-party**