

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Complete this form if you want another person or organisation to give or receive information about you to or from the Women's Housing Company.**

A person or organisation that is named by you to exchange information is authorised to give or receive information about you to or from the Women's Housing Company.

The Women's Housing Company is authorised to give or receive information about you to or from the person or organisation that is named by you to exchange information.

Your consent allows the Women's Housing Company to:

- Collect, record and use your personal information from a nominated third party
- Exchange information with a nominated party

Only information needed to make the best decisions to assist you in obtaining or maintaining housing and / or support will be shared.

A nominated third party may be a friend, family member, or a professional / support service.

You may change this arrangement at any time.

Please refer to the Women's Housing Company Privacy Policy on our website for details on how we obtain, use and disclose personal information.

**I authorise the person / organisation named on this form to give and/or receive information about me to and/or from the Women's Housing Company.**

Person / Agency: \_\_\_\_\_

Relationship to Tenant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Your Signature:** \_\_\_\_\_

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