**Consent for Family/Friends Involvement**

**Person 1 Person 2**

|  |  |
| --- | --- |
| Name  |  |
| Password |  |
| Address |  |
| Landline |  |
| Mobile number:  |  |
| Email |  |
| Relationship to you |  |
| **I confirm that my next of kin is happy for Age Concern Liverpool & Sefton to retain their data*****Signed:  Date****:*Full Name ---------------------------------Signature ---------------------------------Date --------------------------------- | **I confirm that my next of kin is happy for Age Concern Liverpool & Sefton to retain their data*****Signed:  Date****:*Full Name ---------------------------------Signature ---------------------------------Date --------------------------------- |

I authorise Sefton Befriending Service to discuss with the above named person(s) any relevant matters regarding the service provided to me by Sefton Befriending Service, on my behalf, until further notice.

(Any requests to cancel or amend this authority must be given in writing)

Full Name --------------------------------

Signature --------------------------------

Date --------------------------------