

PERMISSION TO SHARE INFORMATION

Name of person receiving support

I (please print your name) give consent for Warrington Disability Partnership to disclose personal information that is relevant to my Independent Living Service. I understand that this information will be treated as confidential and will only be used for the purposes of offering advice and support in respect of the Independent Living Service.

Signed

Date

If you have signed on behalf of the person referred to on this form please give your details below:

Your Name

Telephone Number

Address

Email Address


Your relationship with the person referred to on the form

Your reason for signing on behalf of the person referred to on the form



Registered Charity No: 1113597

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