

WRITTEN CONSENT FORM FOR FAMILY FUND BUSINESS SERVICES TO PROCESS YOUR APPLICATION TO THE CiN EMERGENCY ESSENTIAL PROGRAMME

Please return this form to the person assisting you in making the application (the “Client representative”).

TO BE COMPLETED BY THE APPLICANT

The person assisting you in completing your application will have made you aware of, and given you the opportunity to read, the “Terms & Conditions and Data Protection Statement for Parents, Guardians or Young People (“Applicants”) who authorise a Client Representative to submit their application to the CiN Emergency Essential Programme”.

We, Family Fund Business Services, intend to rely on these terms so for your own benefit and protection, please read them carefully before signing the consent form below. If you do not understand any points please ask you Client representative for further information.

By signing this form below and instructing your Client Representative to submit your application to Family Fund Business Services you will be providing your explicit consent to Family Fund Business Services using the information contained within the application and any subsequent related correspondence with you for the purposes of processing and considering your application including to understand whether you, your child and your personal or family circumstances meet the CiN Emergency Essentials Programme Criteria and, if so, how they can help you and best provide support to you and for the purposes of administering the application and obtaining feedback where necessary.

Parent/Guardian/Applicant

Signed

Date

Please note the “Terms & Conditions and Data Protection Statement for Parents, Guardians or Young People (“Applicants”) who authorise a Client Representative to submit their application to the CiN Emergency Essential Programme”, which set out how we use your personal information can also be accessed on www.familyfundsolutions.co.uk/ or by calling 01904 550011 to obtain a copy.

We will never sell your details to any third parties and promise to never pass them on to another organisation for marketing purposes.

TO BE COMPLETED BY THE CLIENT REPRESENTATIVE

Client Representative

Name

Signature

Date