Signing this form allows Face2Face Parkinson’s C.I.C. to record the information chosen below for the purpose of it’s business and essential communications.

Your information will be treated as confidential and you may choose, change or withdraw your consent at any time.

We aim to only keep the minimal amount of information to enable us to communicate effectively. If there is an occasion when we may need to use your information for any reason not clearly defined below, we will not do this without your additional consent.

(Name)………………………………………………Gives consent to:- (delete as necessary)

* Keeping brief confidential records
* Share information with 3rd parties. (For example contacting someone on your behalf)
* Contacting either mobile and/or mobile and leaving a message on either.
* Text messaging and emailing
* Receiving posted information.

Signed……………………………………………………… Date:-………………………