



AUTHORISATION FORM

Confidentiality Statement / Consent to Access Form / Data Protection Form

I _____

Hereby authorise representative(s) of Smartmove Housing to share or receive information he/she may require in relation to my case before or during my tenancy.

In addition, I authorise the same representative(s) to communicate / negotiate and receive my information with/from all relevant parties on my behalf

Data Protection Form

I have informed that in accordance with The Data Protection Act 1998 I have the right to access information that is recorded and held with regard to my referral and / or accommodation with Smartmove Housing.

Signatures

Applicant _____

Date _____

Housing Officer _____

Date _____

Confidentiality Statement

(The Smartmove Housing Scheme offers a confidential service. Any information that you disclose to us will not be shared with any other organisation without your expressed permission).