

**CONSENT FORM**

**CLIENT DETAILS**

<b>Surname</b>	
<b>Forename</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Ward</b>	
<b>Telephone Number</b>	
<b>Date of Birth</b>	

**I give my permission for Age UK Sunderland to act on my behalf.**

**I permit Age UK Sunderland to use the information I have provided to them to liaise with other external services/agencies in the hope of reaching a successful conclusion to my claim/query.**

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_