**Resident’s GP Authorisation form**

**(To be completed by the resident)**

**Almshouse Association Template**

**I** [full name in capitals] ……………………………………………………………………..……………………………………

whose date of birth is …………………………………………………………………………………………………………..

of address: …………………………………………………………………………………….………………………………………

………………………………………………………………………………………..……………………………………………………..

Authorise my GP for the time being to provide:
(1) relevant information about my current health and ability in connection with any application I make to become a resident of almshouses provided by the charity and
(2) advice to the charity (Registered Charity No ……….) (“the Charity”) about my health needs should this be necessary at any future time unless and until I have ceased to live in the property provided by the Charity.

Signed by applicant: ………………………………………………………….…………………………………………………..

Date of signature: ………………………………………………………………………………………………………………….

**Appendix A Privacy Notice**

(Insert name of charity) Privacy Notice

1. The (insert name of charity) may collect and process the following information in relation to your GP authorisation Form:
* Personal identifiers, contacts and characteristics (for example, name and contact details).
* Medical Information
* (Add or delete to this list as appropriate)
1. The personal information processed is provided to us directly by the applicant in order for (name of charity) to be able to offer appropriate accommodation, protect the health and wellbeing of the resident and meet the objects of the charity.
2. The lawful basis that we rely on for processing this information is that the (name of the charity) has consent.
3. Your information is securely stored (enter location)
4. We keep information for (time period). We will dispose of your information by (explain how you will delete their data)

Please contact us at (insert email address, phone number and/or postal address) if you wish further information.