

**Glasgow Centre for Inclusive Living  
Housing & Employment Service**

**Authorisation Mandate**

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

**Address:** \_\_\_\_\_

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\_\_\_\_\_

**NI no:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

Dear Sir / Madam

I authorise Glasgow Centre for Inclusive Living, Housing and Employment Services, 117-127 Brook Street, Glasgow, G40 3AP (0141 550 4455) to act on my behalf. **You may release any information requested to the representative named in the attached correspondence.**

**Please send my representative copies of all correspondence.**

Additional information / circumstances:

**Yours faithfully**

**Signature**\_\_\_\_\_

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

**Please see over/**

## **Data Protection Notice**

**Glasgow Centre for Inclusive Living** complies with the Data Protection Act 1998 and will use the information you provide to assist you to access our services. This may require us to share this information with our partners. Any information we collect will be stored on a company database and will be used to provide statistical reports in which you will be identified. **This data will be controlled by Glasgow Centre for Inclusive Living**, and will be held for as long as is necessary for our funders.

**Glasgow Centre for Inclusive Living** also complies with the Freedom of Information Act 2005 and you have the right to access your personal records as held by us by written request. For further information or to arrange to view information held about you on computer contact a member of staff at **GCIL**.