

LFWI General Data Protection Regulations (GDPR) & Privacy & Electronic Regulations (PECR) Consent Form

By law (Data Protection Act 2018) the Lancashire Federation of Women's Institutes (LFWI) **AND** your own WI **MUST** make you aware before your personal data (information about you) is obtained from you. Details of how this information is used and stored are set down in the LFWI's Privacy Policy that can be viewed on the Federation's website www.lancashirewi.org.uk/privacy-policy.

Please be aware that, through your national membership of the WI, and because you have completed a Membership Form and your MCS Representative has placed this information, electronically, with the National Federation of Women's Institutes (NFWI), you will have already given consent for some communications from both the NFWI and the LFWI and this is complicit with GDPR as a Legitimate Interest. However, your WI and the LFWI need to obtain more explicit details in order to provide a full and beneficial membership service and to enable you, as a paying member, to obtain the maximum benefit from your WI membership. Therefore, we would like to hold and use your personal information for the purposes below. To this end.....

PLEASE READ THE FOLLOWING ATTACHED FORM VERY CAREFULLY AND TICK ALL RELEVANT AREAS TO WHICH YOU WISH TO INDICATE YOUR CONSENT. You may consent to all of the purposes, some of them, or none of them. **PLEASE MAKE CERTAIN THAT YOU DELETE ANY AREA FROM WHICH YOU WISH TO OPT OUT**, otherwise you may still be contacted, and your details may still be used. If you do not consent to your WI using any of your personal information than you will not be contacted or included in any of the activities outlined.

This is an important requirement, and it is imperative that **EVERY WI MEMBER** completes a Consent Form. If a member refuses to complete the form, then they are required to sign a Disclaimer.

This is an important requirement, and it is imperative that every WI member completes a Consent Form and that the form must then be returned and kept securely (for future reference) in a locked drawer or cabinet. If a person is a member of multiple WI's a Consent Form must be completed and held on file at each WI. Once a person is no longer a member of a WI then the form must be destroyed/shredded.

Your WI Secretary will tell you to whom this form should be returned and to whom you should refer should you wish to make any changes to the original. (This will be dependent on who is responsible for Privacy in your WI)

CONSENT FORM FOR MEMBERS OF THE LANCASHIRE FEDERATION OF WOMEN'S INSTITUTES

VERY IMPORTANT Please tick YES to give your consent and NO if you do not wish to consent to the activity.

To include my contact details in a Directory FOR SOLE USE OF designated persons in my WI (e.g., Treasurer/President/Secretary/MSC Rep.) and the LFWI (e.g., Office Administrator, Trustees, Chairs of Committees, Officers of other WIs in the Federation via a Yearbook)

Reason: For contact, should my WI be cancelled, changes made to times and venue, or for any other matter connected with the smooth running of my WI and for sharing of information between the Federation Office, Teams and other WIs throughout the Federation.

YES NO

To keep me informed of news, activities and events associated with my WI.

Reason: To keep my WI in touch with me, so I don't feel left out if I cannot attend a meeting.

YES NO

To receive communications from other WI members at certain time, i.e., Birthdays

Reason: Member welfare

YES NO

To be willing to take part in photography for my WI archives or to be displayed in my WI and LFWI activities or publications.

Reason: To keep a record of my WI and LFWI and to publicise all the good things we do.

YES NO

To receive electronic communications (if appropriate) from my WI and LFWI regarding matters of interest and information.

Reason: There are so many courses, activities, outings and wonderful educational opportunities that will be of real interest and importance to all members.

YES NO

To be willing to supply emergency contact information. I will obtain the consent of a named person.

Reason: Health and Safety, to protect and help me and help others to assist me when necessary.

YES NO

To be willing to supply details of medical conditions to support my continuing well-being at meetings or out on visits. **I understand that this information will only be available to designated people.**

Reason: For my protection and safe keeping in case I need assistance quickly.

YES NO

I understand that the LFWI and my own WI may use my personal details to keep me informed of all activities/events/ meetings that will enable me to benefit from my WI membership and, **by providing this information, I am giving permission for my personal data to be used for all WI and LFWI purposes, as affirmed above.**

I understand that I can change my consent at any time or withdraw it completely.

Signed..... Print Name..... Date.....

INFORMATION THAT YOU WISH YOUR WI TO RETAIN

Name DOB

Address

Home Telephone Mobile Email

Preferred Contact Method (tick) Home Phone/Mobile/Email/Post

EMERGENCY CONTACT

Mame Relationship Contact Number

Signature..... Print Name..... Date.....

FOR USE BY THE PERSON RECEIVING THE CONSENT FORM

Signature..... Office..... Date.....

IT IS ILLEGAL TO DISTRIBUTE THIS INFORMATION TO UNAUTHORISED PERSONS