Under the General Data Protection (GDPR) there are occasions when your WI MUST obtain explicit consent to use your personal data (information about you) and, maybe, those persons whom you have chosen to represent or assist you. Personal Data is not just limited to your name and contact details; therefore, your WI would like to hold and use your personal data for the purposes set out below.

**PLEASE TICK ALL RELEVANT BOXES TO INDICATE YOUR CONSENT**. You may consent to all the purposes, some of them, or none of them. If you do not consent to your WI using any of your information than you will not be contacted or included in any of the activities outlined.

1. To include my contact details in a Directory FOR THE SOLE USE OF designated persons in my WI (e.g., Treasurer/President/Secretary/MSC Rep.)

**Reason**: For contact should my WI be cancelled, changes made to times & venue or for any other matter connected with the smooth running of my WI.

1. To keep me informed, in my absence at a meeting, of news, activities & 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.

1. To be a recipient of cards/flowers/ etc. on occasions.

**Reason:** to cheer me up and tell me I am in peoples’ thoughts.

1. To be willing to take part in photography for my WI archives or to be displayed in our newsletters, Social Media posts, Hotpot and other Federation activities or publications.

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

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

**Reason:** For Health and Safety - to protect and help me and to help others to assist me when necessary.

1. To be willing to supply details of a medical nature should this be necessary for my continued well-being at meetings or out on visits. I would prefer this information to be kept confidential and available only to a named person.

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

1. I understand that the NFWI and LFWI 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 purposes.**

I understand that I can change my consent at any time, or withdraw it completely, by contacting any of the officers within my institute.

Signed ………………………………………….. Print Name ………………………………………………………….

Dated ……………………………………………