



# **SADDLEWORTH WI & LFWI CONSENT FORM**

## **General Data Protection Regulations (GDPR) & Privacy & Electronic Regulations (PECR)**

Under the Data Protection Act 2018, before personal information is obtained from you by Saddleworth WI (SWI) and the Lancashire Federation of Women’s Institutes (LFWI), we must make you aware about how this information is used and stored. Details are in LFWI’s Privacy Policy [www.lancashirewi.org.uk/privacy-policy](http://www.lancashirewi.org.uk/privacy-policy).

Please be aware that through your national membership of the WI you will have already given consent for some communications from both the National Federation of Women’s Institutes (NFWI) and the LFWI and this is complicit with GDPR as a Legitimate Interest. This is because you have completed a Membership Form and your MCS Representative has placed this information, electronically, with the NFWI.

However, SWI and the LFWI need to obtain more explicit details to provide a full and beneficial membership service and to enable you, as a paying member, to obtain the maximum benefit from your membership. Therefore, we would like to hold and use your personal information for the purposes outlined overleaf. You may consent to all the purposes, some of them, or none of them. This is an important requirement, and it is imperative that every WI member completes a Consent Form.

The form should be returned to the SWI Secretary or Treasurer and then it will be kept securely (for future reference) in a locked drawer or cabinet until the persons are no longer members of any WI in the Lancashire Federation, at which point the form will be destroyed. Should you wish to make any changes to the original you should contact the SWI Secretary.

### **PLEASE COMPLETE THE INFORMATION BELOW AND OVERLEAF THAT YOU WISH SWI TO RETAIN.**

**PRINT NAME:**

**DOB: (optional)**

**ADDRESS:**

**TELEPHONES: Home:**

**Mobile:**

**EMAIL ADDRESS:**

**EMERGENCY CONTACT NAME:**

**Relationship:**

**Their contact number:**

Correspondence from SWI is usually by email. Should you require an alternative method please contact the SWI Secretary [saddleworthwi.secretary@outlook.com](mailto:saddleworthwi.secretary@outlook.com)

**Your Signature:**

**Date:**

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**For use by the person receiving the Consent Form:**

**Signature..... Office..... Date received.....**

**IT IS ILLEGAL TO DISTRIBUTE THIS INFORMATION TO UNAUTHORISED PERSONS.**

See overleaf.....

## SADDLEWORTH WI & LFWI CONSENT FORM

### General Data Protection Regulations (GDPR) & Privacy & Electronic Regulations (PECR)

**PLEASE TICK YES IF YOU ARE GIVING YOUR CONSENT or  
TICK NO IF YOU DO NOT WISH TO CONSENT TO THE ACTIVITY.**

You may consent to all the purposes, some of them, or none of them. Please delete any area from which you wish to opt out. If you do not consent to your WI using any of your information, then 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.) and the LFWI (e.g., Office Administrator, Trustees, Chairs of Committees, Officers of other WIs in the Federation via a Yearbook) **YES ..... NO .....**  
*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 and for sharing of information between the Federation Office, Teams and other WIs throughout the Federation.*
  
- 2) To keep me informed of news, activities & events associated with SWI. **YES ..... NO .....**  
*Reason: to keep my WI in touch with me, so I don't miss out on activities if I cannot attend a meeting.*
  
- 3) To receive communications from other WI members at certain time, i.e., Birthdays **YES ..... NO .....**  
*Reason: Member welfare*
  
- 4) To be willing to take part in photography for WI archives or to be displayed in SWI and LFWI activities or publications. **YES ..... NO .....**  
*Reason: To keep a record of my WI and LFWI and to publicise all the good things we do.*
  
- 5) To receive electronic communications (if appropriate) from SWI and LFWI regarding matters of interest and information. **YES ..... NO .....**  
*Reason: There are many courses, activities, outings and educational opportunities that will be of interest and importance to all members.*
  
- 6) To be willing to supply emergency contact information. I will obtain the consent of the named person. **YES ..... NO .....**  
*Reason: For Health and Safety - to protect and help me and to help others to assist me when necessary.*
  
- 7) 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. This information to be kept confidential and available only to a named person. **YES ..... NO .....**  
*Reason: For my protection and safe-keeping in case I need assistance quickly.*

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