

# Consent to hold extra contact information

Norwich City Council will use the information provided on this form to tailor the services we provide to you.

**Please tick all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Additional support required – learning        | <input type="checkbox"/> Interpreter required                             |
| <input type="checkbox"/> Additional support required – reading/writing | <input type="checkbox"/> Limiting long term illness                       |
| <input type="checkbox"/> Additional support required – speech          | <input type="checkbox"/> Mental health issues                             |
| <input type="checkbox"/> Agency/professional support                   | <input type="checkbox"/> Mobility impairment – may be slow to answer      |
| <input type="checkbox"/> Alternative contact address                   | <input type="checkbox"/> Restricted contact time                          |
| <input type="checkbox"/> Customer has opted out of feedback surveys    | <input type="checkbox"/> Sight (blind)                                    |
| <input type="checkbox"/> English as a second language                  | <input type="checkbox"/> Sight (partially sighted) – large print required |
| <input type="checkbox"/> Hearing (deaf)                                |   |
| <input type="checkbox"/> Hearing (impaired)                            |   |

Please use this box to provide any additional information.

We intend to keep your data for 36 months, towards the end of which period we will contact you again to review this position with you.

In processing your data, it will be shared with the internal teams of Norwich City Council and, where necessary, may also be shared with our contractors and you can view the most up to date list of contractors on our website.

You may withdraw your consent for the council to process this data at any time by contacting us online, by telephone or post.

I give my consent for Norwich City Council to use the personal data I have supplied on this form to tailor the services I receive.

Full name:

Address:

Postcode:

Telephone:

Email:

**You may cancel this consent at any time. It will be reviewed every three years by Norwich City Council.**

Signed (applicant):

Date: