



DATA CONSENT FORM

Please fill in the details that you wish to be included on our computer records

NAME:

ADDRESS:

TEL NO:

MOBILE:

EMAIL:

OCCUPATION:

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?    YES                  NO

I agree to the details that I have listed above to be included in my personal profile to be published on the database and made available to staff within LAT arranging our volunteer services.

Signed

Date