

VOICES FROM CARE (CYMRU)

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[www.voicesfromcarecymru.org.uk](http://www.voicesfromcarecymru.org.uk)

Advisory Group Consent Form
The Advisory Group will meet four times per year in different parts of Wales to discuss the future of our organisation and how we can better improve the lives of care experienced young people

Parental Consent (If under 18 permission will be required)

I give permission for …………………………………………….. to be nominated as a member of the Voices from Care Advisory Group and for Voices From Care Cymru to contact me if more information is required regarding the nominated individual.

Signature: …………………………………

Date: ………………………….

Relationship to young person: ……………………………………………………………………………………

Name and relationship to participant:

…………………………………………………………………………………………………………………………………….

Contact numbers: (home, work, mobile)

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Any additional support needs or safeguarding concerns which could affect the young person’s participation on the Advisory Group or others involved:

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How we will us this information?

This Privacy Policy applies to information Voices From Care Cymru collects about individuals who interact with our organisation.

We will only use your data in a manner that is appropriate considering the basis on which that data was collected.

For example, we may use your personal information to:

• reply to enquiries you send to us;

• handle donations or other transactions that you initiate;

• where you have specifically agreed to this, send you information about our activities by email relating to our work which we think may be of interest to you.