



Authorised Person

I give my consent for the person named below to arrange, cancel, or reschedule future appointments at DRASACS on my behalf and for them to update DRASACS on my contact details if necessary.

I understand that I can contact DRASACS at any time to retract this consent, and it is my responsibility to inform DRASACS of such changes.

Authorised Person's Name
(Please print in BLOCK CAPITALS)

Password
(The Authorised person can quote this for security verification)

Client Name **Signature**.....
(Please print in BLOCK CAPITALS)

Date:.....



Registered Charity: 1130947
Registered Company: 6920524
ICO Reference Number: Z1632661



For details of our accreditations and funders visit www.drasacs.org.uk