WESTON BEGGARD PARISH COUNCIL CONSENT FORM

"Your privacy is important to us and we would like to communicate with you about the council and its activities. To do so we need your consent. Please fill in your name and address and other contact information below and confirm your consent by ticking the boxes below."

			If you are aged 13 or under your parent or guardian should fill in their details below to confirm their consent	
Name Address				
Signature Date				
out m	onore about our of the council	but how we use your data from our "Priva Office or at http://westonbeggardpc.org/ draw or change your consent at any time by contact you to keep you informed about hority areas including news, events, me unications may also sometimes appear or ing social media).		
	We may use your name and photo in our newsletters, bulletins or on our website.			
V	in a: in 4-	ala		
Keep	ing in to	ouch:		
	Yes p	Yes please, I would like to receive communications by email		
	Yes please, I would like to receive communications by telephone			
	Yes p	olease, I would like to receive communica	ations by post	