

## AUTHORISATION FORM GUIDELINES

Applicants are advised to read the following information before completing the Authorisation Form overleaf. The information set out below is in accordance with the requirements of the Data Protection Acts (1988 & 2003).

**1. The identity of the person collecting the personal information is**

- Centre Manager or Applications Personnel
- Professional Rehabilitation Personnel

**2. The detail of information collected is**

- Personal / Clinical / Educational / Training / Vocational

**3. The use to which it will be put is**

- To assist in the vocational and psychosocial rehabilitation assessment process
- To provide an appropriate vocational and psychosocial rehabilitation service
- To provide information that will assist in the planning and evaluation of services

**4. The person or category of persons to whom it may be disclosed is**

- Centre personnel, on a strictly needs to know basis
- Area Managers, as required on a strictly needs to know basis
- Advisory Team
- Authorised statutory personnel

**5. The information will be retained on computer and/or manual files and is stored securely.**

## AUTHORISATION TO OBTAIN, DISCLOSE AND STORE RELEVANT INFORMATION

Please complete this form. Your permission will allow us to obtain additional information that will help to make clear the service that is right for you. You should read the Authorisation Form Guidelines, carefully before signing this form. These Guidelines are on the back of this page.



I (Name) \_\_\_\_\_

Of (Address) \_\_\_\_\_

Authorise EVE to **obtain**, in confidence, relevant information and/or reports that they may require for the purpose of providing a vocational service tailored to me.

I also authorise EVE to **disclose**, in strict confidence, such information for this purpose.

I also authorise the **storage** of such information and/or reports on a computer database and/or manual filing system, to be maintained by EVE on the basis that the information will be stored and disclosed, in accordance with the Data Protection Acts 1988 and 2003.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Note:** a parent/ guardian must also sign this Authorisation if the person is under 18 years of age.

**Signature of Parent/ Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_