

**Consent Form**

|  |  |
| --- | --- |
| Respondent Personal details (the person that the survey response relates to) | |
| Title |  |
| Full name |  |
| Date of Birth |  |
| Email |  |
| Address |  |

**Declaration**

I confirm the representative below has the authority to act on my behalf.

The information I have provided is correct to the best of my knowledge.

I have read and understand the [**IMA Privacy Notice**](https://ima-citizensrights.org.uk/privacy-notice/).

I agree that the IMA may contact my representative to discuss the response further.

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |

|  |  |
| --- | --- |
| Representative details (the person completing the survey on behalf of the person above) | |
| Title |  |
| Full name |  |
| Date of Birth |  |
| Email |  |
| Address |  |
| Relationship to respondent  (e.g. Friend, guardian) |  |

**Declaration**

I confirm I have authority to act on behalf of the respondent.

The information I have provided is correct to the best of my knowledge.

I have read and understand the [**IMA Privacy Notice**](https://ima-citizensrights.org.uk/privacy-notice/).

I agree that the IMA may contact me to discuss the response further.

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |