

ADVOCATE / ELECTED REPRESENTATIVE FORM
(COMMUNICATION SUPPORT FORM)

A. Advocate / Elected Representative Details

Name: _____ Organisation Details: _____

Address: _____

E-mail address: _____ Phone no: _____

B. Tenant / Constituent Details

I/We have been asked to make representations/be added as an account advocate on behalf of:

Name: _____ Second Tenant name: _____

(If applicable)

HAP Customer ID: _____

Address: _____

Tel: _____ Email: _____

Any other unique information (if required) that will help in confirming the constituent's identity:

In relation to the following: HAP DIFFERENTIAL RENT ACCOUNT AND ALL MATTERS RELATING TO THEIR HAP TENANCY

Other: _____

Please list any additional information you have attached to representation (if applicable).

Notice to Tenant/Constituent/Data Subject

To find out how your personal data is stored and managed by the Elected Representative/Advocate Organisation making this representation/advocacy on your behalf please see their privacy statement. Please note that if your contact details change after you ask for this representation/advocacy request to be made you should notify the change in your details to the elected member/Advocate who made the request.

C. Consent to Provide Special/Sensitive Personal Data (where necessary)

I consent to the above-named Elected Representative/Advocate Organisation being provided with my special/sensitive data by **HAP Shared Services Centre** (Organisation) where this is necessary for the purpose of a response to this representation/advocacy request.

Tenant/Constituent name: _____ Signature: _____

Second Tenant/Constituent name: _____ Signature: _____
(If applicable)

Electronic Signature (please tick to confirm electronic signature)

Date: _____

D. Request by a Third Party

Where the request was not made by the tenant/constituent but by a third party e.g. family member on their behalf please attach written consent from the tenant/constituent or a statement (with supporting documentation) explaining why consent cannot be provided and why an advocacy/representation is in their interests)

Print name of person making the request: _____

State relationship to tenant/constituent/data subject: _____

E. Advocate Organisation/Elected Representative Declaration and Signature

When I receive personal data from **HAP Shared Services Centre** (Organisation), I confirm that I will take suitable and specific measures to safeguard the fundamental rights and freedoms of the person to whom this representation relates and process the information only in accordance with Section 40 of the Data Protection Act 2018.

Name of Advocate/Elected Representative: _____

Signature: _____ (please tick to confirm electronic signature)

Date: _____

Please note that the above-named will remain as an advocate until such time as the HAP SSC are instructed to remove. Be aware that all advocates must be aged 18 years or over.

Please note than an application to submit an advocate where the HAP SSC consider there to be a conflict of interest will not be permitted. For example - Nomination of your landlord/agent or anyone associated with them will not be permitted. Please contact the HAP SSC Debt Management Unit if you have any questions regarding this.