

The Gauchers Association

Data Subject Consent Form



Please use this form to tell us how you would like to be contacted. You can also change your mind at any time. You will find further details on how to do this on our website: www.gaucher.org.uk or you can email us at ga@gaucher.org.uk. In the future, we will only contact you about the areas of our work you choose via the communication methods you prefer. Please complete all fields.

A. I would like to receive information about the GA services, GA events, information and updates regarding the work of the GA, including the GA News bulletin, in the following ways:

- Post
- Phone
- Email
- SMS, Messenger, WhatsApp

B. I would like to interact with the GA Patient & Family Support Service or Central Team. I give my consent for them to contact me in the following ways:

- Post
- Phone
- Email
- SMS, Messenger, WhatsApp
- Face to Face (biennial meetings, GWG)

C. I would like to receive information and updates regarding research, clinical trials, treatment and care options relevant to Gaucher disease, in the following ways:

- Post
- Phone
- Email
- SMS, Messenger, WhatsApp

D. I would like to receive information about GA Fundraising events and activities in the following ways:

- Post
- Phone
- Email
- SMS, Messenger, WhatsApp

E. I would like to be contacted to take part in research projects conducted by the Gauchers Association or by a third –party agency on behalf of Pharmaceutical Companies, in the following ways:

- Post
- Phone
- Email
- SMS, Messenger, WhatsApp

F. I do not wish to hear from the Gauchers Association:

- Please unsubscribe me from all communications

Your Details:

Title:	Mr / Mrs / Miss / Ms / Other:
First Name(s):	
Surname:	
Address:	
Postcode:	
Country:	
Telephone International Dialing Code: Landline: Mobile:	
What is your connection to the Gauchers Association?	<input type="checkbox"/> Patient <input type="checkbox"/> Parent/carer <input type="checkbox"/> Extended family member <input type="checkbox"/> Friend <input type="checkbox"/> Fundraiser <input type="checkbox"/> Health/Social Care Professional <input type="checkbox"/> Scientist/Researcher <input type="checkbox"/> Other
Email:	
Age (if under 16):	
Date of Birth (if under 16):	
Parent/Guardian Contact details (if under 16) (Please provide an email address and contact telephone number)	
Do you have any additional comments?	
Signature:	
Date:	

Document owner

The Data Processor is the owner of this policy document and must ensure that it is periodically reviewed according to the review requirements contained herein.

This policy document was approved by The Gauchers Association's Board of Directors and is issued by the Operations Manager ("OM") on a version-controlled basis.

Name of OM: Sarah Allard

Date: 10/09/2020

