

Support and Advocacy

I consent and give authority to Sage Advocacy to act on my behalf and to assist me on matters relating to:

Finances Social / Personal Healthcare / Patient Advocacy

Specifically, the following issue(s):

Person(s) / Organisation(s) with whom Sage Advocacy has authority to act:

Signed: _____

Witness: _____

Print name: _____

Print name: _____

Date: _____

Date: _____

Sage Representative providing support and advocacy:

Name: _____*

*Where the named individual is no longer in the role of a Sage Representative, Sage Advocacy is considered to have authority to act and will appoint a representative of the organisation to act on behalf of the named person.

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Information and Data Protection

To enable us to work with you and on your behalf, we need to get information from you and from others, specifically those whom you have named above. The information you provide will assist us in dealing with any issues you raise

Personal data will only be processed by Sage Advocacy with your explicit consent.

Sage Advocacy are in compliance with the General Data Protection Regulation and ensure that information gathered is used fairly and for the purpose intended. Sage Advocacy will retain information relating to you on an Electronic Case Management System. This system enables us to keep track of our work and the actions taken to support you. Sound recordings of any meeting whether involving third parties or otherwise, without permission of all participants will be regarded as a data breach. Your consent can be withdrawn at any time.

Please note that in the event that any of the services provided by Sage Advocacy cease as a result of loss of funding or tendered contract, we will ensure that your personal data is securely transferred to the new service provider in a timely and compliant manner, and that you suffer no loss or discontinuity of service. In such circumstances, you will be informed prior to any transfer of your data to another organisation.

I consent to Sage Advocacy collecting, using and storing my personal information to provide me with the service I have requested.

Signed: _____

Witness: _____

Print name: _____

Print name: _____

Date: _____

Date: _____