FORM OF AUTHORITY

FIRST NAME (S) **FAMILY NAME**	
NATIONALITY	
DATE OF BIRTH	
ADDRESS (or No Fixed Address)	
PHONE NUMBER	
REFERENCE NUMBERS e.g. Home Office/Port/Asylum Support/UAN	

I, the above named person give permission to:

NAME OF PERSON ACTING ON MY BEHALF	
ORGANISATION/GROUP (if any)	

To contact and communicate with the following organisations and services on my behalf:

☑ Tick which organisations you give the person to contact on your behalf

- ☐ HOME OFFICE
- ☐ MIGRANT HELP
- ☐ MY LEGAL REPRESENTATIVES
- ☐ MY CASEWORKER
- ☐ NRM (SINGLE COMPETENCY AUTHORITY)
- ☐ GP/THERAPIST/MEDICAL
- ☐ LOCAL AUTHORITY (SOCIAL SERVICES)
- ☐ PROBATION WORKER
- ☐ OTHER: _____

☑ Tick what actions the above named person can take on your behalf

- ☐ DISCUSS MY CASE BY PHONE OR EMAIL
- ☐ HAVE COPIES OF MY DOCUMENTS SENT TO THEM
- ☐ SEND DOCUMENTS ON MY BEHALF

Remember to update your Form Of Authority every 6 months!

SIGNATURE:

DATE: