**WI COMMITTEE CONSENT FORM**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WI, West Kent Federation of WIs**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

As part of your role as a committee member there are additional activities you may take part in over and above those within the Data Protection Policy and Privacy Notice and the Consent form.

The Committee communicates regularly to manage the activities of the WI.

Are you happy for your contact details to be shared

with other committee members ? Yes  No 

Are you happy for your contact details to be shared

with other members as necessary for activities you undertake

on behalf of the WI? Yes  No 

Are you happy for your contact details to be shared

publicly as a contact for your WI? Yes  No 

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_