

Data consent form

For non-core business activities

About this consent form



At Voyage Care, we like to share positive news and stories that celebrate the achievements, experiences and contributions of our colleagues and the people we support. This may include sharing your story and/or image on our website, social media channels, internal communication platforms or in printed materials such as leaflets.

We also use our HR and payroll system, Sona, which includes a newsfeed feature designed to keep colleagues connected and informed. Where appropriate, we may share your story and/or image on the Sona newsfeed.

In these stories we'll need to share some of your personal information (that could be your name or a photo that you are in), so the story remains personal to you. To do that, this consent form needs to be signed.

If you are a person we support and you don't have the capacity to sign this form yourself, your Lasting Power of Attorney can sign it for you.

Once you have read, and understood the form and it has been signed, you need to send it to consent@voyagecare.com.

The good news is, once we've received your signed consent form it **lasts indefinitely until consent is withdrawn**. So, we won't need to keep asking you to complete a new consent form every time you send us a photo or story to share.

Occasionally, we may also like to share your news and stories with **external organisations** such as Headway or the Prader-Willi syndrome Association for inclusion in their newsletters and websites. Where this is the case, **specific consent details will be outlined** on the form.

Please note: you can change your mind at any time!

Don't worry, if you ever want to withdraw your consent you can email consent@voyagecare.com and let the Information Security team know!

If you would like to read more about what signing this form means and where your information could be shared, you can [read our guidance booklet here](#).

If you're included in a group photo or video...

Please let us know any of your key identifiable features when returning the consent form (i.e. blonde, glasses, pink t-shirt). This will support us in knowing who you are in the photo/video to correctly assign your consent form to you!

Consent Form



Who are you?

Colleagues

(Please skip to section A)

Person we support

(Please skip to section B)

Family member signing for myself

(Please skip to section C)

Professional signing for myself

(Please skip to section D)

Lasting Power of Attorney/Court Appointed Deputy; signing on behalf of someone else

(Please skip to section E)

Other (please state):

(Please skip to section D)

Section A

I am a colleague giving consent for myself:

Name:

Service:

Email address or phone number:

I give my explicit consent to Voyage Care processing my name, story and image for the purposes of internal and external communications, marketing and media activities, including on digital platforms and in printed materials.

I give my explicit consent to Voyage Care sharing my name, story and image with _____ for

, for communications, marketing or media activities. **Note: Only complete this field if specific information is included above.**

I have read or been told about the guidance notes on Voyage Care's consent policy

Signature:

Date:

Section B

I am a person we support giving consent for myself:

Name:

Service:

I give my explicit consent to Voyage Care processing my name, story and image for the purposes of internal and external communications, marketing and media activities, including on digital platforms and in printed materials.

I give my explicit consent to Voyage Care sharing my name, story and image with _____ for _____

, for communications, marketing or media activities. **Note: Only complete this field if specific information is included above.**

I have read or been told about the guidance notes on Voyage Care's consent policy

Signature:

Date:

Colleagues Only

I _____ work for Voyage Care and can confirm this consent form has been completed correctly.

Role:

Service:

Signature of Voyage Care colleague:

Date:

I am a family member giving consent for myself:

Name:

Service:

Email address or phone number:

I give my explicit consent to Voyage Care processing my name, story and image for the purposes of internal and external communications, marketing and media activities, including on digital platforms and in printed materials.

I give my explicit consent to Voyage Care sharing my name, story and image with _____ for _____

, for communications, marketing or media activities. **Note: Only complete this field if specific information is included above.**

I have read or been told about the guidance notes on Voyage Care's consent policy.

Signature:

Date:

Colleagues Only

I _____ work for Voyage Care and can confirm this consent form has been completed correctly.

Role:

Service:

Signature of Voyage Care colleague:

Date:

Section D

I am a professional/other giving consent for myself:

Name:

Job title:

Company:

Email address or phone number:

I give my explicit consent to Voyage Care processing my name, story and image for the purposes of internal and external communications, marketing and media activities, including on digital platforms and in printed materials.

I have read or been told about the guidance notes on Voyage Care's consent policy

Signature:

Date:

Colleagues Only

I _____ work for Voyage Care and can confirm this consent form has been completed correctly.

Role:

Service:

Signature of Voyage Care colleagues:

Date:

Section E

I am giving consent on behalf of a person Voyage Care supports:

Please note, you must be a Lasting Power of Attorney/be a Court Appointed Deputy for the person you are signing this form for. If there is no Lasting Power of Attorney/Court appointed Deputy in place, a best interest decision must be made and recorded to give any consent.

Your name:

Your email address/phone number:

Name of person you are consenting for:

Service name of person you are consenting for:

I confirm I have Lasting Power of Attorney/Appointed Court Deputy for the person I am consenting for:

I am not Lasting Power of Attorney/Appointed Court Deputy but I confirm a best interest decision has been made and recorded (please state date below)

I confirm I have fully discussed the content on this form with the person I am consenting for:

I have read or been told about the guidance notes on Voyage Care's consent policy

Signature:

Date:

Colleagues Only

I _____ work for Voyage Care and can confirm this consent form has been completed correctly.

Role:

Service:

Signature of Voyage Care colleague:

Date:

Withdrawing consent



I want to withdraw my consent for myself or the person I have consented for:

If at any time you would like to change your mind, you can.

You can email consent@voyagecare.com and the Information Security team will change our records to match your new preferences.

We will stop using your personal information and any photos/videos we hold of yourself will be deleted, unless Voyage Care are required to keep this by law. We retain a copy of your consent form indefinitely.

Voyage Care cannot withdraw images already published in printed publications or online.

If you have some news, an achievement or something you'd like us to share, then get in touch!

We love hearing all the amazing things you are getting up to!

Send us an email to marketing@voyagecare.com or communications@voyagecare.com and we'll work with you to share your story.