



PERSONAL CONSENT FORM

Full Name:

Home Address:

Home Number:

Mobile Number:

Email Address:

Family Size:

This form confirms that Mr/Mrs has requested help from the JCC on [Date of Request] to provide support regarding . We also acknowledge that, if applicable, an amount of £ has been agreed upon for payment.

By signing this form, I grant consent for the JCC to act on our behalf. We understand that the JCC does not provide legal advice and is not liable for our needs.

We also acknowledge that as a member of the JCC, we may receive periodic updates on relevant information.

Signed:

Client Name:

Date:

A UNIFIED VOICE
WORKING FOR THE JEWISH COMMUNITY