

COMMITTEE CONSENT FORM

\_\_\_\_\_ WI, West Sussex 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: \_\_\_\_\_