**NUS GHANI MP SURGERY FORM**

**Name:**

**Address:**

**Phone number:**

**Email address:**

**Please briefly describe what you would like to speak to Nus about:**

**Data Protection Notice**

The information that you have provided on this form will only be used by Nusrat Ghani and her staff to take forward the issues recorded above. In order to deal with these issues it may be necessary to pass your details to third parties including, but not limited to, officials and elected representatives of local and national authorities and bodies. You should read and sign the statement below to show that you understand that your information will be used for the purpose described and that you consent to the proposed processing.

If you have any questions about how your information will be processed or about your rights under GDRP and the Data Protection Act 1998, please contact:

House of Commons

London

SW1A 0AA

I confirm that I give permission to pursue matters I bring to you. In order to do so you may use all information I provided about me, whether written or spoken and including sensitive personal information. I understand that you will do so in line with the requirements of GDRP and the Data Protection Act 1998.

**Signed:** .................................................................

**Date:** ........................................ (today's date)

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