

# **Representation Mandate**

#### This mandate will allow someone to talk to us on your behalf

This includes for example, discussing your care service. A mandate **does not allow someone to act on your behalf**, for example end the service you receive. For someone to act on your behalf, they must have the relevant Power of Attorney.

See the notes at the end of this form for more information on who can represent your account or visit our website here:

www.wheatley-group.com/aboutwheatley/governance/representation-mandate

To be represented by someone else, this mandate should be completed and sent to us by post or email along with a clear copy of photo identification for you and the person who will be representing you. Examples of photo identification can be:

- a UK passport
- a UK photocard driving licence (full or provisional).

You can complete this mandate online or on paper.

#### Instructions on how to send this mandate to us are at the end of this form.

We can produce this mandate on request at no cost, translated, in large print, in Braille, on tape, or in another non-written format.

If you need an alternative format or need help to complete this mandate please call us on 0800 952 9292 or email info@wheatley-group.com

# Section 1 Representation Mandate

Details of the person <b>being</b> represented				
Enter your details here. Please complete in full.				
Full name				
Address				
Postcode				
Email address				
Preferred phone number				
Date of birth				

Details of the person to be <b>representative</b>				
Enter full details of the person who will be acting as your representative. Please complete in full.				
Full name				
Address				
Postcode				
Email address				
Preferred phone number				
Date of birth				

# Section 2 Representation Mandate

### Please specify the area(s) where you want to be represented

Remember, a mandate does not allow a person to act on your behalf.

Without this instruction, we are unable to discuss anything with your representative. We need to know what areas you wish us to discuss with your representative. Tick the relevant box for each area. **You can tick more than one**.

If you do NOT want your representative to change information we hold about you, please make sure you tick the relevant box.

You should speak to us as to whether you or your Representative want to receive

correspondence relating to the areas ticked on this form.

Care services

Payments

Utilities enquiries

Complaints

Request for service

Department for Work and Pension (DWP) enquiries

Other (please reference)

I **DO NOT** wish amendments to be made to my information by my representative.

I **DO NOT** wish for my representative to receive any communication from

Wheatley Care (letter, email) on my behalf.

Section 3	
Representation	Mandate

# Please indicate how long you want this representation to last

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form and copy of identification	need to complete and send us an updated mandate on. At the end of this period, we will notify you and piry of the mandate with the option to renew.
Six months	
One year	
18 months	
Declaration to be comp	oleted by both parties
that it is necessary for you to	on given on this mandate is true. We understand confirm our identities and that it may be necessary mation to allow this mandate to be processed.
We understand that the info to update records held by W	ormation contained in this form may be used theatley Group.
You can sign this form using	signature or electronic signature.
Signature of party being represented	
Date	
Signature of representative	
Date	

# Section 4 Representation Mandate

## Representation mandate – notes

You can also find information about mandates on our website here: www.wheatley-group.com/about-wheatley/governance/representationmandate

## Collecting and retaining personal information

For more information how we collect and retain your personal information, please visit the privacy notices on our website: <a href="https://www.wheatley-care.com/home/privacy-notices">www.wheatley-care.com/home/privacy-notices</a>

#### What does a mandate allow?

There are some representatives who due to their position can represent your account without a Representation Mandate being in place.

Other representatives can represent your account; however, there must be an authenticated, signed mandate held.

#### Section 5 Representation Mandate

## Full details of who does or does not require a Representation Mandate are listed below:

Representation	Mandate	Full details
Solicitor	No	Any application for information from a solicitor may be accepted at face value as they are regulated by Law Society of Scotland Rules of Professional Practice, and do not need to have a representation mandate. If they make a telephone request for personal data they will be asked to re-submit in writing on original letterhead.
Elected members - MP/MSP/MEP/ Councillor	No	Any application for information may be accepted at face value as they are regulated by either the Scottish Executive or the UK Parliament, therefore a mandate is not compulsory. No telephone requests for personal data can be accepted though and they will be advised to submit the request in writing on original letterhead with a personal signature.  NOTE – If the request from a Councillor is for someone outwith their ward, a mandate will be required.
Partner / Family member	Yes / No	If the application for information is from a partner / family member who is named on the account e.g. as a joint tenant, no mandate is required. If they are not named on the account and an application for information is received, this must be accompanied by an authenticated, signed mandate from the property owner.
Representative	Yes	All applications for information must be accompanied by an authenticated, signed mandate. If there is no mandate then the application will be refused.

Requests for personal data such as access to copies of customer files, any other personal data or CCTV imagery, will be processed through a **Subject Access Request.** 

# Section 6 Representation Mandate

Requests for non-personal information can be dealt with over the telephone as long as the person enquiring meets the mandate requirements listed above.

Before returning this form, please make sure you have done the following:

### Representation mandate – checklist

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Completed	d all section	ns of the form	1			
Supply a v	alid copy o	f photo identi	fication (for <b>yo</b>	<b>u</b> and your <b>re</b> p	presentative)	
Signed and	d dated on	pg.4				
A copy can inc	clude a scre iable. Do ne	eenshot or a p ot send us ori	picture – just m ginal documer	nake sure that	e photo identifica the image is clea ave verified your	r and

#### How to return your form

A copy of proof of identity should be forwarded with the completed form:

- ▶ By posting to Wheatley Care, Wheatley House, 25 Cochrane Street, Glasgow, G1 1HL
- > By email from the person being represented to: info@wheatley-group.com

If there is any part of this form you need assistance with then please contact us on: **0800 952 9292** 

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