

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 an individual, or a support organisation, this mandate should be completed and sent to us by post or email along with proof of identification for you and the person, or support organisation, who will be representing you.

Where possible, a clear copy of photo ID should be provided from both parties. Examples of photo identification can be:

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

We can accept alternative forms of identification in the event that you, or the individual representing you, do not hold a valid form of photo identification. We will also accept alternative forms of identification from support organisations, such as a letter on headed paper confirming that they are supporting you, and that you have agreed we can speak to them on your behalf.

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

Postcode

Email address

Preferred phone number

Date of birth (if applicable)

Details of the person being 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, or sup	port organisation, to be representative				
Enter full details of the person, or support organisation, who will be acting as your representative. Please complete in full.					
Full name					
Address					

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
Local authority enquires including: housing benefit (inclusive of intensive housing management costs), discretionary housing payments, council tax exemption, reduction and discounts
Other (please reference)
Other (please reference)
Other (please reference)
Other (please reference) I DO NOT wish amendments to be made to my information by my representative.

Section 3	
Representation	Mandate

Please indicate how long you want this representation to last

rease maleate now to	ng you want tino representation to tast				
form and copy of identification	yond 18 months, you will need to complete and send us an updated mandate m and copy of identification. At the end of this period, we will notify you and ur representative of the expiry of the mandate with the option to renew.				
Six months					
One year					
18 months					
Declaration to be comp	oleted by both parties				
We certify that the information given on this mandate is true. We understand that it is necessary for you to confirm our identities and that it may be necessary to contact us for further information to allow this mandate to be processed.					
We understand that the information contained in this form may be used to update records held by Wheatley 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: www.wheatley-care.com/home/privacy-notices

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

Completed all sections of the form
Supply proof of identification (for you and your representative)
Signed and dated on pg.4
Photo identification should be in the form of a copy of valid, in date photo identification. A copy can include a screenshot or a picture – just make sure that the image is clear and person identifiable. Do not send us original documents. Once we have verified your copy of identification, we will securely destroy this.

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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