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**Professional Contact Form**

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| --- | --- | --- |
| Name |  | |
| Name of Organisation  Position in Organisation |  | |
| Organisation address |  | |
| Email Address |  | |
| Telephone number  Mobile number |  | |
| Area of Interest | Physical Disabilities |  |
| Learning Disabilities |  |
| Mental Ill Health |  |
| Autism |  |
| Sensory Impairment |  |
| Other (please state) |  |

We will keep your information for 2 years, if your details change or you no longer wish to be on our mailing list please let us know.

**Our promise to you**

We promise that:

* We will keep your information safe and secure
* We will never sell your data
* We will never share your data with any other organisation unless either you give specific permission for us to do so or we are required to by law.

**With your permission:**

* We would like to keep you up to date with things that are happening at Inclusion Gloucestershire and you invite to events that we think you may be interested in
* Give you the opportunity to have your say about issues that affect people with disabilities.

Signed: ……………………………………………………………….

Date: ………………………………………………………………….