



## Central England Quakers Pastoral Care Consent Form

As Quakers we are proud of our tradition of providing pastoral support to our members and attenders. We will only hold and use information about your needs at your request and with your specific consent and the information will be held by your local meeting overseers.

We will only hold it as long as the need remains and we have your consent to do so.

Local Meeting	
First Name	
Surname	
Pastoral or medical need	

I request the overseers of my local meeting hold the personal information above. The information will not be published or shared with anyone else.

Signature:.....

Date:.....

I (do / do not) consent to the overseers making my need known in the local meeting (e.g. so that people can visit me in hospital)

Signature:.....

Date:.....