**Gloucestershire Domestic Abuse and Sexual Violence Consultation Network**

Professional and community group membership

By completing this form I am confirming that I wish to support domestic abuse and sexual violence consultation work and join the consultation network.

|  |  |
| --- | --- |
| Name |  |
| Phone number |  |
| Email address |  |
| Organisation |  |
| Role |  |

By completing this form, I hereby give consent for my details to be held by the Office of Police and Crime Commissioner in an encrypted online folder. This folder will have restricted access and only be accessed by authorised staff who are supporting consultation work.

Please check this box if you wish to opt out of receiving a quarterly newsletter 

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for taking the time to complete this form and supporting the consultation work.**

**Please return completed form to: DASVconsultation@gloucestershire-pcc.gov.uk**