Legal Aid Agency

Nominated Representative Form

Consent form for disclosure of information to an applicant's nominated representative.

Nominated Representative Form Completion Guidance

This form should be completed if you wish a third party [either a person or an organisation] to communicate with the Legal Aid Agency on your behalf as a nominated representative, about your case.

You must consider what information they may learn about you.

- This could include personal information about your dealings with the Legal Aid Agency which they may not be aware of, which could include financial details.

The Legal Aid Agency (LAA) is required by law to keep information confidential. The LAA will only share your information if legally allowed to do so, or if we have your consent to do so.

Article 6(1)(a) of the UK General Data Protection Regulations 2016 sets out the lawful bases for processing personal data;

(a) Consent: the individual has given clear consent for you to process their personal data for a specific purpose

More information about consent can be found here: What is valid consent? | ICO

If you are unsure about giving consent, please seek legal advice before proceeding.

Please complete all sections of this form in BLOCK CAPITALS. If the form is not fully completed, third-party authority will not be put in place. Please sign the form by hand.

Applicant Details

Your Full Name:

Case Reference Number:
(Your case reference number can be found on the correspondence you have received from the LAA)

Address:

Postcode:

Email Address:

Reason for Request:
Relationship to Third Party:

Authority

I confirm that I wish to nominate a third party, the person or organisation named below, to correspond with the LAA on my behalf. This will include receiving personal information about me from the LAA. This authority will remain in force until I notify you otherwise.

Signed:

Date: / /

Nominated Representative Details

Representative Full Name:

Address:

Postcode:

Email Address:

Third Party Nomination Acceptance Declaration
[to be completed by the nominated representative]

By agreeing to act as the third party for the above-named person, I understand that I will be able to give and receive information about them.

If I wish to withdraw my position as a third party to the above-named individual, I will inform the LAA straight away.

Signed:

Date: / /

Post your completed form to:

Legal Aid Agency
Unit B8
Berkley Way
Viking Business Park
Jarrow
South Tyneside
NE31 1SF