

## OSA Safeguarding Network

### Retention of Personal Information Form



If you are happy for the Augustinian Province in Ireland to securely retain personal details about you for the purposes of promoting safeguarding work and exchanging relevant information, please complete this form:

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Postal Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consent:**

I hereby give my consent for the secure retention of my personal contact details by the Augustinian Province in keeping with Data Protection legislation in Ireland.

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

**Dated:** \_\_\_\_\_