



Hub Spot Data Consent Form

Confidential – Please complete all sections below	
Full Name:	
Address:	
Tel: (mobile)	(home)
Email:	
Emergency contact	
Contact name and relationship:	
Tel:	
Medical Alert	
Do you have any medical conditions? If so, please list them here.	
Permission to store data	
I hereby give Sarah Sjöholm-Patience permission to store any goal setting or other unmounted training worksheets, any videos taken at sessions, simulator graphs, any paperwork from mental skills sessions, notes from sessions or anything else related to coaching me. These will be used for the purpose of coaching only and will not be used on any public forum.	
Signed:	Date:
I agree to Sarah Sjöholm-Patience, and those acting on her behalf, contacting me via:	
Post <input type="checkbox"/> Text message <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facebook/Messenger <input type="checkbox"/>	
I would like to receive copies of Sarah Sjöholm-Patience’s newsletter <input type="checkbox"/>	

Data Protection Act 2018: I understand that the information I have given will be held in accordance with the Data Protection Act 2018 but may also be made available to insurers and other concerned parties in the event of any injury or accident.

Signature: _____

Print Name: _____

Date: _____