

POLICE FEDERATION
(Police Act 1964)

AVON & SOMERSET CONSTABULARY

SURNAME:

FORENAMES:

GENDER: Male ☐ Female ☐ * please tick appropriate box

RANK:

COLLAR NO.:

STATION/DEPARTMENT:

NI No:

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Employee Payroll Number

1	0						
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*please complete last 6 digits

DATE OF JOINING AVON & SOMERSET:

DATE OF JOINING PREVIOUS FORCE: (if transferee)

DATE OF BIRTH:

MARITAL STATUS

HOME ADDRESS:

HOME TEL.: WORK TEL.:

MOBILE No: HOME EMAIL:

☐

I choose to be a voluntary subscriber to the Police Federation and authorise the PCC/Chief Constable, until further notice, to make deductions from my pay at the monthly rate set out in the Police Federation Fund Rules, on behalf of the local and national funds of the Police Federation. I confirm that the membership benefits have been explained to me.

☐

I do not choose to be a voluntary contributing member to the Police Federation at this time, but do wish to be a member of the Police Federation. I confirm that the risks of not being a subscribing member have been explained to me.

☐

I do not choose to be a member of the Police Federation at this time. I confirm that the risks of not being a member have been explained to me.

*Tick as appropriate

By signing this form you confirm that you consent to your personal data being stored on a computerised system for the purposes of supporting you in your membership of the Avon and Somerset Police Federation. We will also provide your details to the National Police Federation for use in the National Membership database. Your information will be retained in accordance with the principles of the General Data Protection Principles.

SIGNATURE

DATE:

How we use your personal data

The Avon and Somerset Police Federation (and the companies listed below in the section Marketing) will only use your personal data to provide the services you have requested from us and to administer your membership (and for any marketing you consent to – see above). We will duly and diligently safeguard the privacy and confidentiality of your data (for more information please see our full Privacy Policy published on our website which is also available on request).

Marketing

Yes, I would like to receive information and advice about products and services provided by PFEW and its affiliated companies from the following companies: (a) Group Insurance (b) Medical Cover (c) Survey Monkey (d) Internal Newsletter etc.

For this purpose, I hereby give my consent that:

1. your name, contact details and information provided by you (e.g. address, email address, telephone number, instant messenger ID, social network addresses, interests);
- and
2. information about services used (e.g. finance agreements, Medical, Group Insurance)

are collected, processed, used by and shared among the above-mentioned companies (each acting as a data controller).

I also consent to my personal data being used to provide me with access to claims, welfare support, and departmental updates where appropriate. and I consent to being asked to participate in consultation surveys and added benefits to current services on products and services of the above-mentioned companies.

I agree to receive marketing communications as confirmed above ☐

How I would like to be contacted:

Email: ☐

Telephone: ☐

SMS: ☐

Post: ☐

ALL: ☐

NONE: ☐

How to change your preferences

The processing of your personal data for the purposes specified above is based on your consent. Declaring consent is voluntary. We will only process your personal data on the basis of this consent for the aforementioned purposes until you revoke your consent or object to the processing. To withdraw your consent or update/amend any of your personal details, you can contact us in any of the following ways:

Telephone: 01278 647085

Email: info@avsomfed.polfed.org

Post: 1 St David's Court, Windmill Road, Kenn, Clevedon, BS21 6UP

For further information contact the PFEW Data Protection Office atgdpr@polfed.org

The withdrawal of consent does not affect the lawfulness of any processing activities based on consent prior to withdrawal or other lawful processing activities. You have the right to request access to, or rectification, erasure, or restriction of the processing of your personal data. You also have the right to lodge a complaint with us or the Information Commissioner’s Office at any time. You are free to exercise your right to data portability i.e. to move your personal data to a third party.

Your personal data will be retained by each data controller for no longer than is necessary to achieve the purposes described above. Please see our data retention schedule on our website.

Name:

Signature:

Date:

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HM Revenue & Customs
BX9 1AS

Dear Sir/Madam,

Your Reference 705/S2

My National Insurance Number

Date of Appointment

I have been appointed as a Constable in the Avon and Somerset Constabulary since the above date.

My Staff Association, the Police Federation of England and Wales have informed me that an agreement has been reached over tax relief on subscriptions since April 1994.

I understand that your Inland Revenue head office reference is:

SAPP/T1644/23/82/MA

I am required to pay, on a calendar monthly basis, various amounts:

From 1st anniversary of appointment to 2nd anniversary of appointment £11.79
From 2nd anniversary of appointment onwards £23.58

I therefore apply for relief on those subscriptions, as per the agreement outlined above.

I also wish to claim the relevant proportion of the £140 per annum also agreed by the Police Federation with you.

Thank you for your assistance in this matter.

Yours faithfully

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