**Consultation response form**

**Consultation on revised guidance on Consent to Charge**

Please complete this form in full and return by email to consultations@psauthority.org.uk or by post to Mark Collins, Phone-paid Services Authority, 40 Bank Street, London, E14 5NR.

|  |  |
| --- | --- |
| Full name |  |
| Contact phone number |  |
| Representing  | Self / Organisation (delete as appropriate) |
| Organisation name |  |
| Email address |  |

If you wish to send your response with your company logo, please paste it here:

We plan to publish the outcome of this consultation and to make available all responses received. If you want all or part of your submission to remain confidential, please clearly identify where this applies along with your reasons for doing so.

Personal data, such as your name and contact details, that you give/have given to the
PSA is used, stored and otherwise processed, so that the PSA can obtain opinions of members of the public and representatives of organisations or companies about the PSA’s subscriptions review and publish the findings.

Further information about the personal data you give to the PSA, including who to complain to, can be found at [psauthority.org.uk/privacy-policy](https://psauthority.org.uk/privacy-policy).

 **Confidentiality**

We ask for your contact details along with your response so that we can engage with you on this consultation. For further information about how the PSA handles your personal information and your corresponding rights, please see our [privacy policy](https://psauthority.org.uk/privacy-policy).

|  |  |
| --- | --- |
| Your details: We will keep your contact number and email address confidential. Is there anything else you want to keep confidential? | Delete as appropriate:Nothing/your name/organisation name/whole response/part of the response (you will need to indicate which question responses are confidential). |
| Your response: Please indicate how much of your response you want to keep confidential. | Delete as appropriate:None/whole response/part of the response (you will need to indicate which question responses are confidential in the table with questions below). |
| For confidential responses, can the PSA refer to the contents of your response in any statement or other publication? Your identity will remain confidential. | Yes/No (delete as appropriate) |

 **Your response**

Please enter your response to each of the consultation questions in the appropriate box below.

|  |  |
| --- | --- |
| **Consultation questions** | **Your response** |
| Q1. Do you agree with our definition of informed consent at paragraph 1.4? If not, why not?  | Confidential? Yes/No (delete as appropriate) |
| Q2. Do you agree with the changes to Section Two of the Guidance at paragraphs 2.9 to 2.13? If not, why not? | Confidential? Yes/No (delete as appropriate) |
| Q3. Do you agree with the proposed Technical Expectations? If not, why not? | Confidential? Yes/No (delete as appropriate) |
| Q4. Do you agree with the proposed Staffing and Training Expectations? If not, why not? | Confidential? Yes/No (delete as appropriate) |
| Q5. Do you agree with the proposed Risk Control and Incident Response expectations? If not, why not? | Confidential? Yes/No (delete as appropriate) |

If you have any supporting imagery for your responses, you can paste them in your responses in the table above or here:

**Submit your response**

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