



*Pray for our Teens  
Ealing abbey  
2 Marchwood Crescent  
London W5 2DZ*

**PRAY for our TEENS**  
*(Elderly or Housebound people)*

*Name:* .....

*Address:* .....  
.....  
.....

*Telephone number:*.....

*e.mail address (if you use it)* .....

*other language spoken* .....

*date of birth* .....

*Next of kin and contact number:*

.....  
.....

*I hereby consent to Pray for our Teens using the above information for their stated purpose. In addition, I hereby consent to members of Pray for our Teens visiting me should I be admitted to hospital. I further confirm that I will keep confidential any information about any individual that I receive from Pray for our Teens*

*I understand that Pray for our Teens will comply with the provisions of the Data Protection Act in holding this information.*

*Date and signature*