

Authorisation to carry out online procedures with the "Aidants Connect" service

My name is: **Surname First name** (I am the person giving authorisation)

I authorise **Name of the organisation** (the organisation authorised) to carry out administrative procedures in my place to do with the following:

- **CITIZENSHIP PAPERS:** Civil status, Passport, Elections, Documents to be kept, Identity card, etc.
- **FAMILY:** Family allowances, Birth, Marriage, Civil partnerships, Schooling, etc.
- **SOCIAL – HEALTH:** Health insurance card, Unemployment, Disability, RSA, Older people, etc.
- **WORK:** Fixed-term contracts, Assistance, Retirement, Resignation, Trial period, etc.
- **HOUSING:** Housing benefits, Building permits, Social housing, End of lease, etc.
- **TRANSPORT:** Car registration document, Driving licence, Technical inspection, Offences, etc.
- **MONEY:** Mortgage, Tax, Spending, Livret A savings, Insurance, Having a lot of debt, etc.
- **JUSTICE:** Criminal record, Complaints, Legal aid, Repossession, etc.
- **FOREIGN:** Residence permits, Proof of accommodation, Reuniting families, etc.
- **LEISURE:** Animals, Boat licences, Tourism, Hunting licences, etc.

for a period of **XX**

This authorisation follows Articles 1984 and the following articles of the Civil Code. The procedures will be carried out on the internet, on sites using FranceConnect or on other sites. They may also be carried out by any means allowed by management (telephone, paper, email, etc.).

I can cancel my authorisation at any time.

So that **Name of the organisation** can act in my place:

- I understand that the caregiver authorised by **Name of the organisation** has told me why they are carrying out an action, and has explained why they needed to collect the information and why it is useful;
- I authorise the caregivers named by **Organisation Name** to use my personal data for the purposes explained in this document. I understand that I have rights to information about myself and that I can see this information, correct it or delete it.

Caregivers authorised by **Structure Name** must:

- carry out the procedures listed in this document in my place, based on the information I have given them;
- collect and keep only the information needed for the procedures listed in this document or related procedures;
- use and communicate only the information needed for the procedures listed in this document or related to it;
- tell me and ask for my authorisation before carrying out any procedures different from the ones listed in this document;
- update and delete all my personal information when it is no longer useful; not make my personal information public;
- take all care to make sure my personal information is safe.

As soon as a caregiver authorised by **Name of the organisation** carries out one of the procedures listed in this document in my place, they agree to do it under the conditions described in this document.

My authorisation is given and accepted for a period of 1 year. It ends before if:

- the procedures described above have been carried out;
- I decide to cancel it;
- the caregiver authorised by **Name of the organisation** decides to cancel it;
- I give my authorisation to someone who is not a caregiver authorised by **Name of the organisation**. In this case, I must tell **Name of the organisation** as soon as possible.

The caregiver authorised by **Name of the organisation** must carry out in my place the procedures listed in this document for all the time that the authorisation is valid. The caregiver authorised by **Name of the organisation** may be held responsible if they do not follow the conditions described in this document (Article 1991 of the Civil Code).

Signed in **XXX**, on **XXX**