Request for Information and Data Proforma

Please submit all requests **securely** by email. Send your request for approval to

NHSBSA Information Governance: [**nhsbsa.dataprotection@nhs.net**](mailto:nhsbsa.dataprotection@nhs.net)

Please note that NHSmail will remove any encrypted files that are attached.

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| **Part 1 - Your details** | |
| Your name |  |
| Job title |  |
| Organisation name |  |
| Organisation address |  |
|  |  |
|  |  |
| Postcode |  |
| Email address |  |
| Telephone number |  |
| Case reference |  |
| Date |  |

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| **Part 2 - Your authority** |
| The following information/data has been requested under regulatory and or legislative powers as defined by my professional role.  *(Please enter your regulatory or legislative power below.)* |
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| I understand that any information supplied is governed by the relevant Act/Directions and I agree to use the information only for the stated purpose and to treat this information in confidence. |

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| **Part 3 - The dentist** *(Please enter as much information as is available.)* |

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| Contract number |  |
| Practice name |  |
| Practice address |  |
|  |  |
|  |  |
| Postcode |  |
| Performer(s) name(s) and number(s) |  |
| Patient’s name, DoB, address and postcode (if relevant) |  |

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| **Part 4 - Your request** |
| **The allegation**  *(Please provide a summary of the allegation below.)* |
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| **What data do you require to assist in your investigation*?***  *(This may include some of the following:*  *- A breakdown of treatment data extracted from the FP17 forms in Excel format. Note: This provides the easiest way to analyse a large amount of data.*  *- A breakdown of treatment data extracted from the FP17 forms in PDF format. Note: This includes a page for each individual patient treatment and could run to thousands of pages.*  *- A scanned copy of the original FP17 form(s). Note: Since May 2019, no contracts have been submitting paper FP17 forms. Where they previously did, these were scanned and the images are only retained for a period of fourteen months.)* |
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| **Data time period?**  *(Enter the dates the data required should cover, ie: 01/04/2018 to 31/03/2019.)* |
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| **Why is this information required?**  *(ie: criminal, civil, disciplinary.)* |
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| **How will this information be used?**  *(Please provide details of any third party use, ie: solicitor, police.)* |
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| **If this information was not disclosed to you, how would it prejudice your investigation?** |
|  |
| **How long will you retain the data provided to you?** |
|  |
| **Timescales**  *(It is essential to determine when the information is needed by, ie: prior to a trial date. Please specify a date if necessary.)* |
|  |
| **Please enter any other information below** |
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