Ad Hoc Data Request Form

Please submit all requests **securely** by email to [nhsbsa.dentalinsight@nhs.net](mailto:nhsbsa.dentalinsight@nhs.net).

Note that request completion times can vary. These will depend on the current resource requirement of existing requests so please plan for at least 4 to 6 weeks.

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| **Your details** | |
| Job title | Click here to enter text. |
| Full name | Click here to enter text. |
| Address | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |
| Postcode | Click here to enter text. |
| Email address | Click here to enter text. |
| Telephone number | Click here to enter text. |
| **Your organisation** (if you are requesting on behalf of an organisation) | |
| Organisation name | Click here to enter text. |
| Organisation address | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |
| Postcode | Click here to enter text. |

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| **Your request** |
| **What question(s) are you trying to answer?**  *(Please include the reasoning behind your request).* |
| Click here to enter text. |
| **What data do you require to answer your question(s)?**  (*Please include as much information as possible, be as specific as possible).* |
| Click here to enter text. |
| **Sensitive data**  *(Does your request require sensitive data e.g. patient identifiable data? If so, provide your legal justification below along with any other information to support your request).* |
| Click here to enter text. |
| **Geographies**  (*Please specify which geographical areas you require).* |
| Click here to enter text. |
| **Other data sets**  *(If you need data linked to other data sets e.g. ONS data, please specify which ones).* |
| Click here to enter text. |
| **Time period of data**  *(Enter the dates your data should cover e.g. 01/04/2017 to 31/03/2018)* |
| Click here to enter text. |
| **Timescales**  (*Please state the date you require this data for it to remain useful).* |
| Click here to enter a date. |
| **Enter any other information below:** |
| Click here to enter text. |