Ad Hoc Data Request Form - Dental Data

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

Please 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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| **Part 1 - Your details** | |
| Your name |  |
| Job title |  |
| Address |  |
|  |  |
|  |  |
|  |  |
| Postcode |  |
| Email address |  |
| Telephone number |  |

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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 - Your organisation** *(If you are requesting on behalf of an organisation.)* |

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| --- | --- |
| Organisation name |  |
| Organisation address |  |
|  |  |
|  |  |
|  |  |
| Postcode |  |

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| **Part 4 - Your request** |
| **What question(s) are you trying to answer?**  *(Please include the reasoning behind your request.)* |
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| **What data do you require to answer your question(s)?**  (*Please include as much information as possible, be as specific as possible.)* |
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| **Sensitive data**  *(Does your request require sensitive data, ie: patient identifiable data? If so, provide your legal justification below along with any other information to support your request.)* |
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| **Geographies**  (*Please specify which geographical areas you require.)* |
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| **Other data sets**  *(If you need data linked to other data sets, ie: ONS data, please specify which ones.)* |
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| **Time period of data**  *(Enter the dates your data should cover, ie: 01/04/2017 to 31/03/2018.)* |
|  |
| **Timescales**  (*Please state the date you require this data for it to remain useful.)* |
|  |
| **Please enter any other information below** |
|  |