Ad Hoc Data Request Form - Dental

If your request requires patient identifiable data to be included, Please send your completed request form to NHSBSA Security and Information Governance: [**igqueries@nhsbsa.nhs.uk**](mailto:igqueries@nhsbsa.nhs.uk)and cc Data Services Support [**DataServicesSupport@nhsbsa.nhs.uk**](mailto:DataServicesSupport@nhsbsa.nhs.uk)**.** If it does not require patient identifiable data, only send your form to the Data Services Support team: **DataServicesSupport@nhsbsa.nhs.uk.**

**.**

Note: NHSmail will remove any encrypted files that are attached.

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

**If you are making a request that requires patient identifiable data to be included, please ensure that you complete Part 2 below.**

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| **Part 2 - Your authority** |
| **This request for information/data is requested under the following regulatory and or legislative powers:**  *(Please enter the regulatory or legislative power(s) below that allows you to process the data requested. Failure to provide a legal power or authority will result in the rejection of your request. If you are unsure of your legal power, please consult your own IG team or DPO. Disclosure is at the discretion of NHSBSA.)* |
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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 and in accordance with the Data Protection Act 2018 and GDPR.** |

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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 |  |
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|  |  |
| Postcode |  |

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| **Part 4 - Your request** |
| **What question(s) are you trying to answer with the data you are requesting?**  *(Please include the reasoning / purpose of your request. Please be mindful of the purpose limitation and lawfulness principles of data protection.)* |
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| **What data do you require to answer your question(s)?**  (*Please be specific and include as much detail as possible, including estimated volume of data and why it is necessary to your purpose.)* |
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| **Personal and Special Category Data**  *(Does your request include personal data? (ie: relating to person(s) who are identifiable directly from the data in question; or who can be indirectly identified from that data by combining it with other data) and/or ‘Special Category’ data? (ie: particularly sensitive data such as medical/patient data). If so, provide your legal justification citing Article 6.1 and/or Article 9.1 of GDPR below along with any other information to support your request. Please consider whether you can answer the same question(s) using anonymised or pseudonymised data.)* |
|  |
| **Geographical Area**  (*Please specify which geographical area(s) you require this data to cover and why it is necessary to cover that area.* *Failure to rationalise the geographic area may result in you being provided a smaller sample* *in accordance with the data minimisation principle of data protection.)* |
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| **Other data sets**  *(If you need data linked to other data sets (ie: ONS data, please specify which links need to be made and why.)* |
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| **Time period of data**  *(Enter the dates your data should cover (ie: from dd/mm/yyyy to dd/mm/yyyy) including why it is necessary to cover those dates. Failure to rationalise the timeframe may result in you being provided a smaller or representative sample in accordance with the data minimisation principle of data protection.)* |
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| **How long will you retain the data provided to you?**  **(***Provide justification for the retention period and be mindful of the storage limitation principle of data protection.)* |
|  |
| **Timescales**  (*Please state the date by which this data is needed including reasons for urgency etc.)* |
|  |
| **Please enter any other information below** |
|  |
| Signed: |