

Form 2A revision 2.2

Request For Information From UK National Health Service General Practice or UK National Health Service General Practitioner

You have made a request for information to be provided by a UK National Health Service General Practice or a UK National Health Service General Practitioner.

In order to help us process your application we need some information from you first. This will help us to prioritise your request.

Please pay special attention to Pages 7 and 9.

Please note that there are specific liabilities and responsibilities under the Freedom of Information Act as well and Doctor-Patient Confidentiality Rules which must be complied with.

***Please make sure that this form is filled out in full in BLACK ink.
Incomplete or illegible forms will be returned.***

Section One: To whom does this relate?

Surname.....

First Name.....

DOB.....

Address.....
.....

Telephone.....

Mobile.....

Pager.....

Email.....

Fax.....

Ethnicity: *Please tick one*

Born in Mauritius

Black British

Bangladeshi

Born in Slovakia

Black Caribbean

Born in Kosovo

Born in Romania

Black African

Born in Somalia

White British

Indian

Other European (NMO)

Born in Cyprus

Pakistani

Born in Albania

Other (*Please specify*).....

Religion

- Baha'i Faith
- Buddhism
- Christianity
- Christian groups, denominations and families (Amish to The Way)
- Confucianism
- Hinduism
- Islam
- Jainism
- Jedi
- Judaism
- Shinto
- Sikhism
- Taoism
- Vodun (Voodoo)

Other (*Please specify*).....

Marital Status *Please tick one.*

- Married
- Single
- Divorced
- Cohabiting
- Polygamous
- Polygynous
- Homosexual relationship
- Homosexual relationships
- Uncertain

Passport Number

Social Class *(Please use Registrar General's classification of social scale as defined in 2001 census):*.....

General Occupation *Please tick one*

- Professional etc occupations
- Managerial and technical occupations
- Skilled non-manual occupations
- Skilled manual occupations
- Partly-skilled occupations
- Unskilled occupations
- Armed forces

Specific Occupation

Income/Benefits *Tick more than one if needed*

- Receives Incapacity Benefit
- Receives Unemployment Benefit
- Has Child Care Allowance
- Receives a War Pension
- Receives Permanent Health Insurance
- Paid employment

Other.....

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Education Level *Tick more than one if needed*

- Nursery school
- Infant School
- Junior School
- Secondary School
- Further Education
- Higher Education

Education Attainment *Tick more than one if needed*

- Has GCSEs
- Has A-levels or equivalent (including bacculaureate)
- Degree
- Postgraduate Degree or Professional Qualification

Section Two: The Person Filling In This Form

Why we are asking this!

Please tell us a little about yourself. This will help us to gain a clearer understanding of the sort of people who request information from us thus enabling us to provide a faster, better data provision service in future and much much more!

Disclaimer

Please note that the information below does not relate to the person about whom you are making the enquiry rather the person who is making the enquiry directly. If third party information is to be disclosed it is the responsibility of the person or organisation completing this form to obtain third party permission before disclosing any such information.

State your relationship to the person you are requesting information about.....

Surname.....

First Name.....

DOB.....

Address.....
.....
.....
.....

Telephone.....

Mobile.....

Pager.....

Email.....

Fax.....

Ethnicity: *Please tick one*

- Born in Mauritius
- Black British
- Bangladeshi
- Born in Slovakia
- Black Caribbean
- Born in Kosovo

Ethnicity: *Continued*

- Born in Romania
- Black African
- Born in Somalia
- White British
- Indian
- Other European (NMO)
- Born in Cyprus
- Pakistani
- Born in Albania

Other (*Please specify*).....

Religion *Please tick one*

- Baha'i Faith
- Buddhism
- Christianity
- Christian groups, denominations and families (Amish to The Way)
- Confucianism
- Hinduism
- Islam
- Jainism
- Jedi
- Judaism
- Shinto
- Sikhism
- Taoism
- Vodun (Voodoo)

Other (*Please specify*).....

Are You A Health Professional? Yes / No

Do You Hold a Social Work Qualification? Yes / No

Section Three: The Organisation You Represent

Organisation Name

Address.....
.....
.....

Telephone.....

Mobile.....

Pager.....

Email.....

Fax.....

Organisation Type *Tick more than one if required*

- Local Authority
- Central Governmental Body
- Health Agency
- UK Registered Charity
- Agency Acting On Behalf Of Client
- Employer
- Potential Employer
- Occupational Health
- Probation Service
- Media/Stage Agency
- Non Governmental Organisation
- Quasi Autonomous Non Governmental Organisation
- United Nations
- UNICEF
- Law Enforcement Agency

Is Your Organisation a UK Registered Charity? Yes / No

If Yes please state UK Charities Registration No.....

UK Data Protection Registration Number

Caldicott Guardian (*For UK Health Agencies only)

Name.....

Health Agency.....

Position.....

Telephone.....

Mobile.....

Pager.....

Email.....

Fax.....

Section Three: Reason For Specific Information Requested

State three (3) ways in which this request for information will improve the current medical situation of the person to whom this request relates?

1.
2.
3.

State three (3) ways in which this request for information will improve the current psychological functioning of the person to whom this request relates?

1.
2.
3.

State three (3) ways in which this request for information will improve the current social situation of the person to whom this request relates?

1.

2.

3.

How much time do you estimate it will take to retrieve and process the information manually?

How much time do you estimate it will take to retrieve and process the information electronically?

How much time do you estimate it will take to present the information you have requested in the format you have requested?

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Section Four: Processing Of Specific Information Requested

Information Handling *Tick more than one if required*

- processed manually
- scanned and machine-read
- filed pending
- archived
- used pending inquiry
- used in legal proceedings

- used in legal proceedings against a third party *If so please state*

Third Party Name

Third Party Address

.....

Third Party Phone

Third Party Fax

Third Party Mobile

Third Party Email

Information Storage *Tick one or more*

- Optically
- Opto-magnetically
- Tape
- Winchester
- RAID server
- Network server

Coding Of Information *Tick one or more*

Plain text (ASCII)

ANSI

Unicode

MS Access

Proprietary Format (please state).....

Access To Information *Tick one or more*

Health professionals

Social Services

Government Agencies

Publicly Available Under Freedom Of Information Act

NSA/GCHQ

Retention Of Information

You will retain this information for.....(state period)

Section Five: Permission To Disclose

Ihereby give my authority to you to provide the specific information requested by the specific information request form provided by the information requesting authority

Signed.....

Witnessed by.....

Occupation

Marital Status

Address

Passport number.....

Thank you for your co-operation.

Upon receipt of this form we will process your application, prioritise your request and contact you within a specified time period (to be specified).