**Information Request**

Please complete this form to officially request information from Evolve Intervention. Completing this as fully as you can ensures that we can deal with your request as efficiently as possible and helps us to make an informed assessment about whether to share the requested information.

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| **Request** **Details** |
| **Name of data subject(s)**  |  |
| **Date of Birth(s)**  |  |
| **Address(es)**  |  |
| **Other relevant identifying information** |  |
| **What information do you want?** |  |
| **Why do you want this information and what will you do with it?****What objectives are you trying to achieve?*****This section is very important as it will form the basis for our decision making and will ensure we provide you with the right information.*** |   |
| **How long will the information be kept for?** |  |
| **Your information** |
| **Your Name** |  |
| **Organisation Name, Address and Contact Details** |  |
| **Date information needed** |  |
| **Signature****Date** |

**Consent to Share Information**

We have had a request to share some information that we hold about you, we will only share this information with the people that asked for it if you are happy for us to do so. Please read the below and sign and date this form letting us know if you are happy for the information to be shared or if you would rather we didn’t. If you have any questions please let us know before signing this form.

Your decision to share this information is completely up to you and does not affect your work with our service.

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| **Name of person requesting information and their organisation**  |  |
| **What information have they have asked for?** |  |
| **Why do they want the information?** |  |
| **What they will do with the information?** |  |
| **How long they will keep the information for?** |  |
| **Your choice** |
| Please tick the appropriate box next to the statement of your choice and sign and date – remember this is up to you and your work with us will not be affected by the choice you make.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**I understand that a request for information about me has been made to Safer London. I understand the type of information being requested and the reasons it is wanted. I understand who is asking for my information, what they will do with it and how long they will keep it for. I have been able to have had answered any questions I asked about this request.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Taking the above statements into account I am happy for the requested information to be shared (**I consent**) [ ] Taking the above statements into account I am not happy for the requested information to be shared (**I do not consent**) [ ] Signed: Name: Date: |