

# Agency Request for Information in Relation to Safeguarding Adults

Person requesting:	Role:
Tel. No.:	Agency:
Date:	Time:
Signature:	
<ol style="list-style-type: none"> <li>1. Is the data subject a service user or perpetrator?</li> <li>2. Have safeguarding adult procedures been instigated?</li> <li>3. If yes, where is the process (i.e. strategy investigation case conference)?</li> <li>4. Has police enquiry / investigation been finalised? If yes, when? OIC?</li> <li>5. Have other information requests been submitted in relation to the enquiry? If yes, give details:</li> </ol>	
<p>Reason for submission of form please indicate <input checked="" type="checkbox"/>:</p> <ol style="list-style-type: none"> <li>1. Internal agency investigation <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>2. Complex request <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>3. Review meeting <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>4. Local information sharing <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>5. Other (please specify):</li> </ol>	
<p><b>Legal Authority to Share</b></p> <p>Please indicate the grounds below on which disclosure is sought:</p> <ol style="list-style-type: none"> <li>1. Has client consented? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>2. If No, would it thwart investigation to seek consent at this time or place adult at greater risk? Give details:</li> <li>3. Is disclosure necessary to prevent / detect crime / apprehend / prosecute offenders? (Data Protection Act) <input type="checkbox"/> Yes <input type="checkbox"/> No Give details:</li> <li>4. Is disclosure necessary to protect the vital interests of the client or other person? (Data Protection Act) <input type="checkbox"/> Yes <input type="checkbox"/> No Give details:</li> </ol>	

Circumstances and information required (please detail exact information required and state lawful basis to support request(s)):

Reply:

Internal consultations (names / dates / times / decisions):

External consultations (Home Office / Information Sharing Helpline):

We make this disclosure on the basis of the reasons identified in your request and agree to its use for this sole purpose. If any change or further use is sought, authorisation must be made by us, as the data controller. The information disclosed must be kept secure and accessed only by persons dealing with this enquiry. It should be noted that persons dealing with the enquiry may not have access to all information held on agency systems.

Person Completing:

Print name:

Signature:

Date:

Agency:

Tel. No: