**LATERAL CHECKS REFERRAL FORM**

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| **Lateral Checks Reference No:** |  |
| **Name of Requester**  **(Professional details & Contact Details including Return E-mail Address)** |  |
| **Parent/Guardian Name** |  |
| Details of person who’s information is required: | |
| **Full Name** |  |
| **Date of Birth** |  |
| **NHS Number** |  |

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| Reason for requesting information from the record |

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| **Please √ relevant box**   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Sec 42** |  | **S47** |  |  | **CIN** |  |  | **EH** |  |  | **SWA** |  | |

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| Consent |

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| --- | --- | --- |
| Do you have written consent of the person to whom the record relates for access? (If information is for a child, person with parental responsibility) | Yes  (Please attach original written consent) | No  (Please provide a reason why you do not have consent below) |

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| --- | --- | --- |
| Have you made a previous request to access information from this record? | Yes  If yes when was the request made: | No |

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| Details of the Information and type of access required |

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| It will make it easier and speedier if you could provide full details of the information that you require ensuring that is is relevant and proportionate: |

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| --- |
| Any additional information that you may wish to provide |
|  |
| Summary of Case |
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| --- | --- |
| **Signature** |  |
| **Designation** |  |
| **Date** |  |

Please return the completed form and e-mail to: [nscht.lateralchecks@nhs.net](mailto:nscht.lateralchecks@nhs.net)

**NSCHT RESPONSE TO REQUEST**

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| --- | --- |
| **The following information has been provided by NSCHT in response to a request for information as part of a safeguarding enquiry:** | |
| **Name of Responder**  **(Designation & Contact Details including E-mail Address)** |  |
| **Authorised Signature** |  |