

# One Staffordshire Information Sharing Protocol

## Form of Acceptance

I confirm that **[please complete name of organisation here]** agrees to, and will abide by, the principles of data sharing outlined in the One Staffordshire Information Sharing Protocol.

I confirm that the above named organisation has the appropriate infrastructure to respond to requests for information made under the protocol, including appropriate training and making their staff fully aware of their responsibilities.

I confirm that I have the authority to confirm our acceptance of the protocol on behalf of the above named organisation.

**Signed:**

**Date:**

**Signatory details are as follows:**

Name

Job / Role Title

Organisation

Address

**The Designated Liaison Officer (see section 3.7) details are as follows:**

Name

Job / Role Title

Telephone

Email

For information sharing which involves health and social care data you must provide your Data Security Protection Toolkit reference below, if the organisation is subject to the Toolkit:

DSP Toolkit

Organisation Ref

**NB Where possible the Signatory and the Designated Liaison Officer should be different people.**  
This form should be returned to: Information Governance Team, Staffordshire County Council, SP1, Tipping Street, ST16 2DH or emailed to: [infogov@staffordshire.gov.uk](mailto:infogov@staffordshire.gov.uk).