

One Staffordshire Information Sharing Protocol

Form of Acceptance

I confirm that _____ [*name of organisation*] 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 Information Governance Toolkit reference below, if the organisation is subject to the Toolkit:

IG Toolkit _____

Organisation Ref _____

NB Where possible the Signatory and the Designated Liaison Officer should be different people.

This form should be returned to: Hedda Motherwell, Information Governance Officer, Staffordshire County Council, Staffordshire Place 2, Tipping Street, ST16 2DH or emailed to: hedda.motherwell@staffordshire.gov.uk.