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**Concern Hub Information Sharing Request**

**Request for the Attention of:**

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| **Concern Hub** | FORTH VALLEY |
| **Division** | C |
| **Police Station** | LARBERT |
| **Town** | LARBERT |
| **Postcode** | FK5 4RU |
| **Telephone Number** | Office Hours: 0800-1600, Monday - Friday, 0300 4245847 |
| **Email Address** | All standard requests and office hours emergency requests to ForthValleyConcernHub@scotland.pnn.police.uk  Only in an emergency and outside office hours requests should be initiated by phone-call to 0300 424 5993, with forms then sent to: forthvalleydivisionalinteloffice@scotland.police.uk |

**Government Security Classification (GSC)**

The Data Protection Act 2018 places an obligation on the police to ensure sufficient security to prevent accidental or unauthorised disclosure of sensitive information. It should be noted that the information contained within this report has been marked at a predetermined level of **OFFICIAL SENSITIVE: POLICE AND PARTNERS**. It is expected that agencies in receipt of this report will adhere to the following principles:

* **Physical Security –** Information that is restricted in this manner, in any format, should be protected by a single security barrier: for example, a locked container, cupboard or filing cabinet.
* **Disposal –** Dispose of using commercial secure disposal products to make reconstitution unlikely.

**Note –** Under no circumstances should this report be shared or distributed to any agency/ individual other than those agreed under existing child or adult protection procedures. Any request to share this information outside the set criteria should be made to Police Scotland.

**To be Completed by Requesting Agency**

**Request Sent by:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | | | **Forename** | |  | |
| **Address** |  | | | | | | |
| **Requesting Agency** | Health |  | Educational | |  | Social Work |  |
| Other (specify) |  |  | | | | |
| **Agency Ref. No.** |  | | | | | | |
| **Contact Details** | **Direct Dial Contact No.** | | |  | | | |
| **Email Address** (please provide a secure email address) | | |  | | | |
| **Date of Request** |  | | | | | | |
| **Date Information Required by** |  | | | | | | |

**Supervisor Authorising Request**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Forename** |  |
| **Date Authorised** |  | | |

**Reason for Request/Nature of Concern and Details of Specific Information Required** (mandatory)

**Note –** To ensure compliance with the Data Protection Act 2018 you **must** provide details as to the reason for this request and full details of the ongoing concern(s) or concern(s) under review.

**Guidance: Please include the following details if relevant, the form will not be authorised for research unless sufficient information is included.**

The reason for your request: -

**Subject:** Full details of the subject(s) of concern.

**Background:** An outline of the ongoing concern(s) for the subject; what connection has any nominal(s) referred to in the request have to the subject(s) of concern.

**Proportionality:** What are you planning on doing with the information should it be provided to you? Where will you store this information?

**Necessity:** Why do you specifically need this information? What are the impacts if this information is not provided?

**Relevancy:** Are their specific dates or timeframes you require to be checked?

**Agency checks:** What information does your agency already hold on the subject? Has there been any previous information shared with your agency regarding the nominal(s)? e.g. previously shared iVPD Concern Reports, Information Sharing Requests for Case Conferences and/or Inter-Agency Referral Discussions.

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**If checks are urgent, please give a reason below**

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**Nominals to be Checked**

Please ensure that all nominals’ details are recorded including children and that the Date of Birth is correct otherwise **no** information will be provided.

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| **Full Name\*** (mandatory) | **Date of Birth** (mandatory) | **Current Address** | **Previous Address(es)\*\*** (including outwith Scotland) |
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**\*Full Name –** Where appropriate please provide middle, alias and maiden names.

**\*\*Previous Addresses** **–** If there is any indication that the nominal to be checked has lived outside of Scotland, please provide details – this will identify a need to submit a request for information from other UK forces.

Where there are further nominals requiring checked then rows can be added by utilising the “add row” function within Tables.

**Upon completion the Information Sharing Request Form should be emailed via a supervisor to the relevant Concern Hub.**

**Note – Where the same information has previously been supplied to your agency and there is no change, the information will not be re-supplied. You will be directed to that individual/ department.**

**To be Completed by Concern Hub**

**Concern Hub Response**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Work Register Number** |  | | | | | |
| **Request Decision** | Approved | |  | Declined | |  |
| **Reason for this Decision** |  | | | | | |
| **Authorising Concern Hub Officer** | **Name** |  | | | | |
| **Rank** |  | | **PSI** |  | |
| **Date** |  | | | | | |

**Results of Police Checks**

See Guidance document for Research Function and completion of Research Packages for further information.

**In response to a request for information I have examined the relevant information held for:**

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| **Subject’s Name** | **Detail of All Relevant Research** |
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| --- | --- | --- | --- | --- |
| **Completed by** | **Name** |  | | |
| **Rank** |  | **PSI** |  |

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| --- | --- | --- | --- | --- |
| **Authorising Supervisor** | **Name** |  | | |
| **Rank** |  | **PSI** |  |