**Client Information Sharing Request**

**Troubles Permanent Disablement Payment Scheme (TPDPS)**

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| 1. | Surname: |  | | | | | | | | | 2. | First Name: | | |  | |
|  | | | | | | | | | | | | | | | | |
| 3. | Title (Mr, Mrs, Ms, etc): | |  | | 4. | | | Mother’s maiden name: | | | | |  | | | |
|  | | | | | | | | | | | | | | | | |
| 5. | Full Address Inc. Postcode: |  | | | | | | | | | | | | | | |
| 6. | Contact Number(s): |  | | | | | | | | | | | | | | |
| 7. | Email Address: |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 8. | Gender: | M |  | F | |  | | | 9. | | Date of Birth (DD/MM/YY) | | |  | | |
|  | | | | | | | | | | | | | | | | |
| 10. | If you are currently engaged with, or are a member of a VSS funded organisation/victims group, provide details here: | | | | | | | |  | | | | | | | |
| 11. | If you are an existing VSS client, a review of your file can be conducted with your consent in line with the application guidance provided by the Victims Payment Board. Copies of information identified as being relevant to your application to TPDPS during this review can then be released to you for inclusion with your application. If you would like VSS to conduct a review of your file please provide your signature along with the date in the boxes provided below. | | | | | | | | | | | | | | | |
| 12. | Your request will be treated as a Subject Access Request (SAR) and VSS will provide a response within one calendar month from the date your request was received. Using the boxes below please indicate the method by which you prefer to receive your response. | | | | | | | | | | | | | | | |
| 13 | **Response via post** (please ensure the address you have provided above is correct) | | | | | |  | | | **Response via email** (please ensure that the email address you have provided is correct) | | | | | |  |

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| 14 | If you have advised you would like us to respond to your request via email we will do so by password protecting the documents. You can choose to receive this password either via post or text message (if phone number does not match VSS records, proof of ID will be required) | | | | | | |
| 15 | **Password via Text** | |  | **Password via Post** | | |  |
| 16 | Please note that where the contact details on this form differ from those held on VSS records we will need to confirm your identity and as such will contact you to request the necessary evidence. We are unable to begin processing your request until we are satisfied that we have adhered to GDPR guidelines in order to protect your information. | | | | | | |
| Signature (specify if verbal) | |  | | | Date:  (DD/MM/YY) |  | |

If you have any queries in relation to this, please contact us on **028 9027 9100,** where a member of our **Health & Wellbeing Team** will be happy to help.

The VSS operates in line with the Data Protection Act 2018. This means we treat your information with respect and in accordance with the law.

In line with the VSS Privacy Policy <https://www.victimsservice.org/privacy-policy/>, we will always keep your information safe and private. However, on occasion we may need to share certain information with other professionals. For example, we may do this in order to:

* progress requests that you have made for support;
* ensure your safety and the safety of others; and
* ensure that we continue to operate in accordance with the law.

**Permission to hold and use data for research and improvement**

Some of the information we gather here will be used to help us to deliver better services. Information gathered for this purpose is **anonymous**.

**Signed:**

**Date:**

*Signed by applicant*

*If during Covid-19 restrictions you are unable to physically sign, please type your name and send via e-mail*