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| 20130708 Forms Logo Landscape Nostrap Black | SOCIAL WORK DISCLOSURE - REQUEST FOR INFORMATION FROM POLICE SERVICE OF SCOTLAND  |

In order to keep our records accurate and updated, it is necessary that when requesting information from Police Service of Scotland regarding Child, Adult Protection and Domestic Abuse Issues, you complete this form and forward to:

**ReferralUnitAberdeen@scotland.pnn.police.uk** **for Aberdeen City or**

**ReferralUnitAberdeenshire@scotland.pnn.police.uk** **for Aberdeenshire or**

**ReferralUnitMoray@scotland.pnn.police.uk** **for Moray**

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| **DATE/TIME REQUEST SENT BY SOCIAL WORK** |  |
| **DETAILS OF PERSON(S) TO BE RESEARCHED****Full Name****Date of Birth****Address (including any known previous addresses)****(Please supply as much detail as possible, as accurate checks cannot be carried out with limited information)** |  |
| **REASON(S) FOR REQUEST****(Please be as specific as possible as to why Social Work require the information and include why the right to privacy should be overridden)** |  |
| **SUBMITTED BY****APPROVAL BY LINE MANAGER****(Signatures are required)** | **Name of Social Worker –****Signature of Social Worker –** **Approved By****Name of Team Manager –****Signature of Team Manager –**  |
| **STATE HOW THE INFORMATION WILL BE STORED/RECORDED BY SOCIAL WORK****(This is how the information will be physically stored and kept safe in agency files)**  |  |
| **RESEARCH TO BE RETURNED TO** |  |
| **DATE INFORMATION REQUIRED BY** **(Please give a specific date)** |  |