Taurus Healthcare

FREEDOM OF INFORMATION REQUEST

in accordance with the Freedom of Information Act 2000

Completion and submission of this form means that we will be processing your personal information.

To find out how we use your personal information please refer to the organisation's Privacy Notice for information governance. The information you supply will be used for the purpose for which you have provided it and any relevant procedures following from this. This data will be maintained in accordance with the Data Protection Act 2018 and will not be passed on or sold to any other organisation without your prior approval unless this is a legal requirement.

Fields marked with an asterisk (*) are mandatory and must be filled in before submitting the request.

*Your Details

Title				
*Forename				
*Surname				
*Address				
*Email				
Telephone Number				
*Access to Information Requested Please select the preferred form of acc	ess to the re	equested inf	ormation:	
·		•		
Via email				
Receive copies by post				
View originals (if practical)				

*Apply for Access to Information under the Freedom of Information Act

Subject of your Enquiry:
Describe your Enquiry:
Please provide as much detail as possible; this will help us to process your request quickly and efficiently. Where appropriate, include names, dates, references and descriptions to enable us to identify and locate the required information.