|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATA QUALITY TEAM –WORK REQUEST FORM**  **v12-06-2019** | | | | | |
| **Request Date:** | Click here to enter a date. | | **Requested By:** | |  |
| **CCG:** | Choose an item. | | **Department:** | |  |
| **Contact Details:** | **Tel:** |  | **Email:** |  | |
| **Which CCG Objective / Department Objective does this request relate to?** | | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Requirement:  (Please select from the drop down box) | Choose an item. | Choose an item. | |
| Frequency:  (Please select from the drop down box) | Choose an item. | Requested date of completion:  ***\*Please note 2 weeks’ notice is required to enable the necessary specifications and tools to be created and tested.  Installations will take place after testing.*** | Click here to enter a date. |
| Description of Task:  ***\*You must provide the rationale for collecting this information, it is the CCG responsibility to ensure this is communicated to the GP Practices*** |  | | |
| Will Patient Identifiable Data Be Required? | Choose an item. | Information to be held by? |  |
| Retention Period? |  | Who will have access to the data? |  |
| Please submit this form to: [gmss.dataqualitygm@nhs.net](mailto:gmss.dataqualitygm@nhs.net)  Ensure you enter your CCG name in the subject of the email | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICE USE ONLY: To be completed by Data Quality Manager** | | | |
| **Request agreed?** | Choose an item. | **Can data be obtained from an alternative source** | Choose an item. |
| **Approved by:** |  | **Allocated Data Quality Team Member:** |  |
| **Date:** | Click here to enter a date. | **Central Team Required:** | Choose an item. |