Ad Hoc Data Request Form - Dental

Please send your completed request form to: **DataServicesSupport@nhsbsa.nhs.uk**

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| **Part 1 - Your details** |
| Your name |  |
| Organisation name |  |
| Job title / role |  |
| Email address |  |
| Telephone number |  |

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| **Part 2 - Your request** |
| **What question(s) are you trying to answer with the data you are requesting?***(Please include the reasoning / purpose of your request.*  |
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| **What data do you require to answer your question(s)?**(*Please be specific and include as much detail as possible, including estimated volume of data and why it is necessary to your purpose.)* |
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| **Organisation Level/Geographical Area**(*Please specify which organisational/geographical area(s) you require this data to cover and why it is necessary to cover that area.*  |
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| **Time period of data***(Enter the dates your data should cover (i.e.: from dd/mm/yyyy to dd/mm/yyyy) including why it is necessary to cover those dates. Failure to rationalise the timeframe may result in you being provided a smaller or representative sample.)* |
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| **Time period breakdown***(Please specify in which way you would like the data broken down i.e., Monthly, Calendar Year, Financial Year etc.)* |
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| **Fields to be included in dataset***(Please specify the fields you would like to be included within your dataset. Information on the data held by the NHSBSA is available at* [*https://www.nhsbsa.nhs.uk/dental-data/about-our-data*](https://www.nhsbsa.nhs.uk/dental-data/about-our-data)*)*  |
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| **How long will you retain the data provided to you?****(***Provide justification for the retention period.)* |
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| **Timescales**(*Please state the date by which this data is needed including reasons for urgency etc.)* |
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| **Please enter any other information below**(*Please include any information which may assist in providing the data required)* |
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| **Other data sets***(If you need data linked to other data sets (i.e.: ONS data, please specify which links need to be made and why.)* |
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