**A copy of this form is to be sent with all responses to requests for information**

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| **Section 1 – Information on Request**  **To be completed by person responding to request** | | | |
| **Request from (applicant)** | | | **Date received** |
| **Subject Matter of request (brief summary)** | | | **Reference No.** |
| **Person replying** |  | **Date of reply** |  |
| **Additional information sought** |  | **Additional Information received on** |  |
| **Fee Notice issued on** |  | **Payment received on** |  |

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| **Section 2 - Requirement for Review**  **To be completed by person seeking Review** |
| I wish NHS Greater Glasgow & Clyde to review the decision on this request for the following reasons:-  Continue over if required |

**To request a Review please return this form to Head of Administration, NHS Greater Glasgow & Clyde, Board Headquarters, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH or by email to** [**foi@ggc.scot.nhs.uk**](mailto:foi@ggc.scot.nhs.uk)

Information contained in the accompanying letter (including applicant’s name and contact details) will be held by NHS Greater Glasgow & Clyde on a database and may be processed in accordance with the Data Protection Act 1998 for the purpose of monitoring our compliance with the requirements of the Freedom of Information (Scotland) Act 2002. By completing this form you consent to our holding this information.