

**DATA SHARING REQUEST FORM**  
**GOSBERTON PARISH COUNCIL**

NAME OF ORGANISATION
NAME OF PERSON REQUESTING DATA
DATE OF REQUEST
DESCRIPTION OF DATA REQUESTED
PURPOSE OF SHARING
DOES PROCESSING INVOLVE ANY SPECIAL CATEGORY DATA (OR SENSITIVE PROCESSING UNDER PART 3 DPA 2018)
ARE THERE ANY SPECIFIC ARRANGEMENTS FOR RETENTION/DELETION OF DATA?
ARE THERE ANY CIRCUMSTANCES IN THE PROPOSED SHARING THAT MIGHT RESULT IN A RISK TO INDIVIDUALS?
DATE OF PROVISION OF DATA IS REQUIRED
SIGNED
DATE