



Partner Organisation How to Register for an Account Appendix 2 Help Text

Complete Appendix 2 if your partner agency will be a reciprocal referrer or if SFRS will only be referring to your organisation.

NOTE: There is no autosave within the form. Therefore, you cannot partially complete and save detail.

Parties Purpose and Scope

Please state in full the legal name of your organisation *



Please state **in full** the legal name of your organisation.
(NOTE: this is the name that will show on the drop-down list)

If your organisation is known by a short name please state it here *



If your organisation is known by a short name, please state it here

Co-ordinator for Partner - Name *



Co-ordinator/admin for Safe and Well system

Co-ordinator for Partner - Email *



Co-ordinator/admin email address

Co-ordinator for Partner - Number *



Co-ordinator/admin telephone number

Head Office Address *



Organisation's head office address

ICO Registration *



Enter your organisation's Information Commissioner's Office Registration number

Website

Organisation's website address

Categories

More than one category can be stated by repeating the process.

Please state the category of referrals you will accept from SFRS together with the local authority areas covered and email address that will accept the referrals.

Category *

Available categories are alcohol, falls, smoking, hoarding, social isolation, heating the home, drugs/substance abuse, telecare/community alarms. NOTE: If your organisation offers assistance for more than one category repeat the process to add another category, areas covered etc.

Areas Covered *

List (by local authority area) the area(s) your organisation covers for the category chosen above. Services must be offered throughout the whole local authority area stated and not, for example, just one town within that area.

Service Description

Give a very brief description of the service your organisation provides in the freetext box above

Referral Notification - Email

Enter the email address of where you would like email notifications sent to for the category chosen above

Teams

Please record relevant teams in your organisation. Should you require to add teams at a later date, this can be done by contacting your organisation's co-ordinator (stated above).

Team Name

If your organisation is split into teams add these here.

Legal Basis for Sharing and Constraints

The signatories to this agreement confirm that their processing of personal data complies with the requirements of the GDPR and before either party processes data you require a legal basis for doing so. In this case, the basis for processing is:

You are required to select a minimum of one article 6 to proceed in respect of personal data. If sharing special category data, you are required to also select the suitable lawful basis from article 9. The signatories to this agreement confirm that their processing of personal data complies with the requirements of the GDPR and before either party processes data you require a legal basis for doing so.

Additional information

Include any additional information that is relevant to your application

Description and Manner of the Information Sharing

You agree to:

- o Obtaining consent from your Service Users prior to referral to SFRS
- o Inform Service Users their details will be shared with SFRS
- o 2-way referral pathway from SFRS (if not required use Appendix 1)

Your organisation is agreeing to the above by completing this registration form

Chosen Method of Sharing *

Choose what method of sharing best suits your organisation. Please note the sharing of any personal data by email to us must be done by encryption via Egress Secure Email. This is the only platform used by us to ensure compliance with GDPR when sending/receiving secure emails.



Your organisation's Senior Information Risk Officers name



Your organisation's Senior Information Risk Officers job role



Your organisation's Data Protection Officer/equivalents name



Data protection officer/equivalents job role

Sign Off

We the undersigned agree to the details recorded in the accompanied Data Sharing Framework and are satisfied that our representatives have carried out the preparatory work and are committed to the ongoing monitoring and review of the scope, purpose and manner of the information sharing.

 Signature

Name of person submitting the application



Job title of person completing the application



Work location of person submitting application



Date application submitted

Once you have completed all the details, please press "submit" ONCE and wait.

NOTE:

Where Appendix 2 is inadvertently submitted instead of Appendix 1, this will unfortunately result in the need for Appendix 1 to be populated and submitted. Due to the GDPR Regulation the submission of an incorrect Appendix cannot be amended but must be submitted again using the correct form.

NOTE:

Partner co-ordinators are responsible for ensuring that the information submitted within the DSF and subsequently approved by SFRS is up to date. In the event that any content previously approved changes, HFSV administrators must be contacted for assistance. sfrs.hfsvadministrators@firescotland.gov.uk

ASSISTANCE

Should you require any further information or clarification please, in the first instance, contact your local SFRS area representative.

HFSV administrators can be contacted via email. sfrs.hfsvadministrators@firescotland.gov.uk