**NAME OF PROJECT/SERVICE**

**[Reference number of the information sharing agreement]**

PARTY: **[FULL OFFICIAL NAME] (SHORT NAME)**

ADDRESS: **[ADDRESS]**

Incorporated and registered in **[COUNTRY]** with company number **[NUMBER]**

**ICO Registration number: [NUMBER]**

**Nominated Senior Information Risk Owner: [**person within the Party with authority and ownership of the information risk]

**Nominated Data Protection Officer**: [NAME]

**DPO Contact details:** ( <https://www.nhsinform.scot/care-support-and-rights/health-rights/confidentiality-and-data-protection/how-the-nhs-handles-your-personal-health-information#data>) If details in NHS Inform are not up to date please provide an update:

**Nominated Caldicott Guardian**: [e.g. designated Caldicott guardian within the Party or the Health Board as applicable]

**Caldicott Guardian Contact details:** (e.g. <https://www.nhsinform.scot/care-support-and-rights/health-rights/confidentiality-and-data-protection/how-the-nhs-handles-your-personal-health-information#data>) If details in NHS Inform are not up to date please provide an update:

By signing this Form, the Party acknowledges the Joint controller protocol and data sharing principles as set up in this Information Sharing Agreement (ISA).

The undersigned agree to the details recorded in this Information Sharing Agreement; are satisfied that our representatives have carried out the preparatory work set out in the Information Sharing Tool-kit for Scotland and are committed to the ongoing monitoring and review of the scope, purpose and manner of the information sharing.

 Signed by **[FULL NAME]** Date:

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