



Scottish Charity
No:SC006452

DECISION FORM

This form must be completed as soon as a decision has been reached to share data to ensure accurate recording of the following details:

(i) What information was shared and for what purpose?

(ii) Who it was shared with?

Name: _____

Role: _____

(iii) When it was shared?

Phone call

Date: _____

Time: _____

Email with Concern Recording Form

Date: _____

Time: _____

(iv) What was the justification for sharing?

(v) Was information shared with or without consent? **(delete as appropriate)*

Young Person [U18 Player] Yes / No*

Adult

Yes / No*

