

| OFFICE USE ONLY | _ |
|-----------------|---|
| Register No: #  |   |
| Date: / /       |   |

## Notification of disclosure of identifying information form

Public Interest Disclosure Act 2003

| То  |                            |      |    |       |      |        |  |  |
|---|----------------------------|------|----|-------|------|--------|--|--|
| Title   | ☐ Mr                       |      | Ms | ☐ Mrs | ☐ Dr | Other: |  |  |
| Given name  |                            |      |    | 1     |      |        |  |  |
| Family name   |                            |      |    |       |      |        |  |  |
| Provided by   | ☐ email ☐ mail ☐ in person |      |    |       |      |        |  |  |
| I intend to make a disclosure of information that might identify or tend to identify you as a person who has made an appropriate disclosure of public interest information under section 16 of the <i>Public Interest Disclosure Act 2003</i> . |                            |      |    |       |      |        |  |  |
| The disclosure of this information  |                            |      |    |       |      |        |  |  |
| Is necessary, have rules of natural jut 16(1)(b))   |                            |      |    |       |      |        |  |  |
| Is necessary to e<br>to be investigated<br>(section 16(1)(c))   | d effectively              | tter |    |       |      |        |  |  |
| The reason(s) who f this information (specify reason(s  | n is necessar              |      |    |       |      |        |  |  |
| Important: A person making an identifying disclosure for these reasons must take all reasonable steps to provide this information to the discloser within a reasonable time before making the disclosure in accordance with section 16(2).      |                            |      |    |       |      |        |  |  |
|   |                            |      |    |       |      |        |  |  |
| Authorisation   |                            |      |    |       |      |        |  |  |
| Signature of pers<br>proposing to mak   |                            |      |    |       |      |        |  |  |
| Name  |                            |      |    |       |      |        |  |  |
| Position  |                            |      |    |       |      |        |  |  |
| Contact details   |                            |      |    |       |      |        |  |  |
| Date  |                            |      |    |       |      |        |  |  |