

These forms should only be completed by an authorised member of Roundwood Surgery staff, Gillian Slack Practice Manager and IG Lead Dr N Glover or Ann-Marie Kerr

- Part 1 should be completed for ALL requests
- Part 2A should be completed for footage that is disclosed
- Part 3 should be completed for viewing of footage only (this also forms part of the CCTV footage viewing log)

THE PRACTICE REFERENCE:.....

Part 1

Requestor name:			
Requestor organisation (if applicable)			
Decision made	Request granted <input type="checkbox"/>	Request denied <input type="checkbox"/>	
If denied please state why?			
Form completed by			
Name		Job Title	
Signed		Date	

Part 2A

Disc number:	
Issued to	
Date issued	
Issued by	

Part 2B- Please send with DVD and covering letter to the recipient.

I acknowledge receipt of the above disc:	
Organisation and title (if applicable)	
Name	
Signed	
Date	

Part 3

CCTV reviewed on (date):	
CCTV Reviewed by (name and position)	
Camera number viewed	
Time period of footage viewed	
Action taken/findings	
Name	
Signature	