**RESPONDENT INFORMATION FORM**



Please Note this form **must** be returned with your response to ensure that we handle your response appropriately

***1. Name/Organisation***

|  |
| --- |
|  |

**Title**  **Mr  Ms  Mrs  Miss  Dr   *Please tick as appropriate***

**Surname**

|  |
| --- |
|  |

**Forename**

|  |
| --- |
|  |

***2. Postal Address***

|  |  |  |
| --- | --- | --- |
|  | | |
|  | | |
|  | | |
|  | | |
| **Postcode** | **Phone** | **Email** |

**3. Permissions - I am responding as…**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Individual** | | | | | **/** | **Group/Organisation** | | | |  |  |  |
|  |  |  |  |  | **Select appropriately**  **appropriate** | | | | | |  |  |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| **(a)** | Do you agree to your response being made available to the public? (on the Scottish Government Consultation Hub)  **Please tick as appropriate**Yes  No | | | | | | |  | **(c)** | Do you agree to your organisation’s **details** and **response** being made available to the public? (on the Scottish Government Consultation Hub) | | | | | |
| **(b)** | **Please tick ONE of the**  **following boxes** | | | | | | |  |  | **Please tick as appropriate**  Yes, publish my response and details  No, do not publish my response | | | | | |
|  |  | | | | | | |  |  |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes, make my response and name all available |  |  |  |  |  |
|  |  | **or** |  |  |  |  |
|  | Yes, make my response  Available without my name (anonymously) |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **(d)** | We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?  **Please tick as appropriateYes No** | | | | | |