

## Freedom of Information Request Form

Please complete all sections in BLOCK letters and black ink

### SECTION 1 – CONTACT DETAILS

**Surname**

**Forename(s)**

**Address**

**Postal Code**

**Email Address**  
(if available)

**Date of request**

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### SECTION 2 – INFORMATION REQUESTED

**Please give as much detail and be as specific as possible** to enable us to locate the information you are requesting. Continue on a separate sheet if necessary.

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**Send request form to:** Information Governance Manager  
Wirral University Teaching Hospital NHS Foundation Trust  
Arrowe Park Hospital (D Block)  
Arrowe Park Road  
Upton, Wirral  
CH49 5PE

For Staff Use Only

Received by:   
Department/Division:

Date Received:   
Ext: