This form should be used to determine Access to Information under the Freedom of Information Act 2000, the General Data Protection Regulation, the Data Protection Act 2018 and the Environmental Information Regulations 2004. It should be used with records whose terminal date is less than 20 years. Any personal details you supply will be processed in accordance with the General Data Protection Regulation (GDPR) and The Data Protection Act 2018. Further information can be found on PRONI’s [Privacy Notice](https://www.communities-ni.gov.uk/publications/supplementary-privacy-notices-dfc-business-areas).

**PR 14**



|  |  |
| --- | --- |
| File Registry No. |  |

Please complete this section in **BLOCK CAPITALS**

|  |  |
| --- | --- |
| Public Authority / Department: |  |
| Branch / Section: |  |
| Reviewer: |  |

## DECLARATION

I have examined the information contained in the attached file and recommend that it should be:

Tick **✓**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| OPEN Forthwith |  | Full Closure |  | Partial Closure |  | Blanking Out |  |

|  |  |
| --- | --- |
| Closed subject to an FOI exemption. Documents **MUST** be specified overleaf | |
| Specify Exemption(s) under FOIA. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **N.B. HAVE YOU APPLIED THE PUBLIC INTEREST TEST**  (As a historical record, it may be opened 20 years from the terminal date, if the exemption no longer applies, without further reference to the functional authority). | |
|  | Closed subject to GDPR and the Data Protection Act (documents **MUST** be specified overleaf). |
|  | Closed subject to Environmental Information Regulations (documents **MUST** be specified overleaf). |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Date: |  |
| (Signed on behalf of Public Authority / Department) | | | |

**PERIOD OF CLOSURE IF OTHER THAN 5 YEARS (please tick)**

|  |  |
| --- | --- |
| Until statute-barring legislation no  longer applicable | Until individual(s)  100 years of age |

### PR 14

## CLOSURE REASONS

Please state below your reason(s) for closure. They should be clear and concise as they will be used in subsequent checking of decisions within your department and by PRONI. Remember, they may be used in submissions to your Permanent Secretary and may be made available to the Information Commissioner.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature:** |  |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Department/Office:** |  | **Branch:** |  |

FOR PRONI USE ONLY

PRONI Ref No.

|  |  |  |
| --- | --- | --- |
| Access decision applied Y/N | By: | Date: |