Respondent Information Form

<u>Please Note</u>	this form	must be r	returned w	ith your	response	to ensure	that we	handle y	our r	esponse
appropriately	y							-		-

appropriately		
1. Name/Organisation		
Organisation Name		
Big Lottery Fund		
Title Mr X□ Ms □ M	rs 🗌 Miss 🗌 Dr 🗌	Please tick as appropriate
Surname		
Samuel		
Forename		
Eric		
2. Postal Address		
1 Atlantic Quay,		
•		
1 Robertson Street,		
GLASGOW,		
Postcode G2 8JB	Phone 0141 242 1459	Email

3. Permissions - I am responding as...

	Individual	/	Group/Organisation			
	Please to	ick as	appropriate x			
(a)	Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)? Please tick as appropriate Yes No Where confidentiality is not requested, we will		(C) The name and address of your organisation will be made available to the public (in the Scottish Government library and/or on the Scottish Government web site). Are you content for your response to be made			
(b)	make your responses available to the public on the following basis		available?			
	Please tick ONE of the following boxes		Please tick as appropriate X Yes No			
	Yes, make my response, name and address all available					
	Yes, make my response available, but not my name and address					
	Yes, make my response and name available, but not my address					
(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 appropriate		X Yes No			