

RESPONDEE INFORMATION FORM

Please complete the details below and attach it with your response. This will help ensure we handle your response appropriately:

Name: _____

Postal Address: _____

Consultation title: **Children and Young People's Mental Health: A Framework for Promotion, Prevention and Care.**

1. Are you responding as: (please tick one box)

- (a) an individual (go to 2a/b)
(b) **on behalf of a group or organisation** (go to 2c)

2a. **INDIVIDUALS:**

Do you agree to your response being made available to the public (in SE library and/or on SE website)?

- Yes (go to 2b below)
No, not at all

2b. **Where confidentiality is not requested**, we will make your response available to the public on the following basis (**please tick one** of the following boxes)

- Yes, make my response, name and address all available
 Yes, make my response available, but not my name or address
 Yes, make my response and name available, but not my address

2c. **ON BEHALF OF GROUPS OR ORGANISATIONS:**

Your name and address as respondents **will be** made available to the public (in the SE library and/or on SE website). Are you content for your response to be made available also?

- Yes
 No

SHARING RESPONSES/FUTURE ENGAGEMENT

3. We will share your response internally with other SE 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 the Scottish Executive to contact you again in the future in relation to this consultation response?

- Yes
 No