Request for Access to Personal Records

PART A (To be completed by all applicants)							
Name of Ap	plicant:						
Current Address:							
Post Code:			Telephone:				
Please tick the boxes as appropriate							
I am the person whose records are required							
The person whose records are required is a child who is incapable of understanding the request and I am his/her parent/guardian							
I am acting under an enduring power of attorney or an order of the Court of Protection (copy may be required)							
I am representing or acting on behalf of the person whose records are being requested							
Signature:			Date:				



PART B (To be completed by all applicants)

To help us locate the records, please answer as many of the following questions as possible.

Who are the records about? Give their full name and Date of Birth:				
What records do you wish to see?				
Which council service was/is involved?				
What were the names of the workers involved?				
Relevant addresses at the time, if different:				

PART C (This box must be completed if you want someone else to have access to the information on your behalf)

Name of Representative:								
representative.								
Address:								
Post Code:		Tele	ephone:					
Relationship to App	olicant:							
I confirm that I wamy behalf.	ant this perso	on to have a	ccess to t	he information on				
Signature of applicant:				Date:				
PART D (If you are under the age of 18, before giving you access to the information, we must be certain that you understand the possible effects of doing this. A parent, social worker or other adult who knows you well must sign below to confirm that you understand)								
Signature:								
Name (in capitals):								
Address:								
			ephone:					
Post Code:	1							

PART E Monitoring

A. White

In order to help us to continually improve our service we would be grateful if you could take a few moments to complete the questions below.

R. Miyed

What is your ethnic group? Choose ONE section from A to E, then tick the appropriate box to indicate your ethnic group.

A. Wille	D. MIACO				
British	White and Black Caribbean				
☐ Irish	White and Black African				
Any other White background	White and Asian				
	Any other mixed background				
C: Asian or Asian British	D: Black or Black British				
☐ Indian	Caribbean				
Pakistani	African				
Bangladeshi	Any other Black background				
Any other Asian background					
E: Chinese or other ethnic group Chinese Any other					
Did you find this leaflet provided you with Yes No	the information you wanted?				
If no, what suggestions do you have for improving the information we supply to you?					

Privacy Notice

The information which you have given in Parts A–D will only be used to identify the records you wish to see. In order to find these records it may be necessary to share this information with staff from relevant council services. The information in Part E will only be used for monitoring and performance.