

Application for Access to Personal Information

Your details

Name of applicant:

(Include previous surname/s):

Address of applicant:

..... Tel:

email: Date of birth:

And

Please complete this section if you are authorised to act on behalf of the applicant

I have been authorised to act on behalf of the applicant named above. I declare that I will not disclose any information from the records other than to the person on whose behalf I am acting, unless they give me their express permission.

Signed: (agent)

Date:

I, (applicant)

Authorise: (name of agent)

To seek access to personal information held by West Berkshire District Council. I declare that this authorisation was freely given.

Signed:

All applicants must sign and date the following:

I wish to request access to personal information held by the Council on:

.....
(Name of user of service)

Signed: Date:

A letter will be sent to you acknowledging your application

Applications by young people under 18 years of age

If you are under 18 and over 12 years of age, a parent, guardian or your Care Manager should confirm that you fully understand the nature of this application.

I,
(name of parent, guardian social worker etc);

Address:

.....
Confirm that (Applicant)

Who is under 18 years, understands the nature of this application for access to his/her personal information.

Signed: Date:

Applications by parents on behalf of children

If you are a parent applying for access on behalf of your child please complete the following section. Please note that a parent can only be granted access to their child's records if this is considered in the child's interests.

Name of the child:

Date of Birth:

Address of the child:

I,
(*name of parent*)

am making a request for access to records on behalf of the child named above, and

The child is incapable of understanding the request and I am making the request on his/her behalf:

Or

The child has consented to my making this request on his/her behalf, and this consent was given freely and with full understanding.

(Delete whichever is not applicable)

Signed: Date:
(*child, where consent given*)

Signed: Date:
(*parent*)

The information you want

To help us locate any personal information which we hold, please complete the following.

Name of Service(s) concerned:

What service(s) was used or received?

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.....

When was the service used?

Please supply below (or on a separate sheet attached to this form) any other information which you think may help us locate your personal information, or details of any specific query in reference to your personal information.