**Apply to make a formal subject access request**

To apply to see your or someone else’s information held by NAME please fill in the form and return it along with the relevant supporting documentation. Please ensure that you read the guidance documentation, as providing insufficient information may delay the processing of your request.

**Subject Access Request Form**

**Section A: Who is applying to see records?** (Tick the option which applies)

* I am applying to see my own records (complete section B)
* I am applying to see records for/on behalf of someone else (complete sections B & C)

**Section B: Your details**

Title: Full name:

Previous names/also known as:

Date of birth: Only required if you are requesting your own data)

Email Address:

All correspondence and disclosure will be made via secure email. Please ensure your email address is accurate.

 Telephone number:

 Address:

Address(es) at time services received (if known):

**Section C: Details of the person (data subject) records relate to, if different from above**

Title: Full name:

Previous names/also known as:

Date of birth:

Current Address/Address(es) at time services received (if known):

Relationship to person named in section C (e.g. parent, guardian, named on Court of Protection order, holder of power of attorney, solicitor, named executive):

**Please note:** Personal information about a child will only be disclosed to parents, legal guardians and agents if staff are satisfied that the child’s informed consent has been freely given, or it is in their best interest.

**Section D: Details of involvement with Children’s Services**

Please be as specific as possible about the data you are seeking.

Date information required from: to:

Specific documents you would like access to:

Teams requesting information from: (tick only those that apply)

Social Care (Social Services) Portage

Special Educational Needs Services for Young Children

Educational Psychology Specialist Teacher Advisory

Behavioural Support Education Inclusion

Locality Parent Partnership

Complaints Other – Please Specify Details:

If we hold a large amount of information on file about you, it may take longer to disclose the information to you. To speed up the disclosure process, would you be prepared to accept a full chronology which will consist of a comprehensive timeline of significant events along with copies of relevant supporting documentation, such as assessments, reports and meeting minutes? This would be instead of disclosing your entire record.

Yes No

Please give as much information as you can to assist us in identifying the records you are particularly interested in, including details of any specific information you would like to know.

Continue on a separate sheet if required; please tick the box to indicate if a separate sheet is included.

**Please note:** We may not release information provided by third parties without their permission.

* Separate sheet included

**Section E**: **Third Parties**

Information provided to us in confidence by or about third parties, which may include other members of the family, doctors, schools etc, may be removed if we do not receive their consent to disclose it.
Would you like us to contact third parties to obtain their consent?

Please note: If you do not tick a box, we will not contact third parties for their consent.

 Yes No

Please supply details of any known relatives (past and present) and professionals who may be involved in the case. Please provide up to date contact details for them in order for us to seek their consent to disclose information to you.

 **Family and friends: (Please continue on a separate sheet if necessary)**

|  |  |  |
| --- | --- | --- |
| Name:Relationship:Email Address:Address: | Name:Relationship:Email Address:Address: | Name:Relationship:Email Address:Address: |
| Name:Relationship:Email Address:Address: | Name:Relationship:Email Address:Address: | Name:Relationship:Email Address:Address: |
| **Professionals i.e. Social Workers, Employers, Doctors, Schools and others: (Please continue on a separate sheet if necessary)** |
| Name:Relationship:Email Address:Address: | Name:Relationship:Email Address:Address: | Name:Relationship:Email Address:Address: |
| Name:Relationship:Email Address:Address: | Name:Relationship:Email Address:Address: | Name:Relationship:Email Address:Address: |

Is there anyone involved in the case or that you have listed that you **do not** wish us to contact?

Please provide details:

Yes No

 **Section F: Documents enclosed** (Tick all applicable boxes)

**Please note:** The period of one calendar month in which we must respond to your request cannot commence until we are satisfied that proper documentation has been received. If insufficient identification is provided, your application may be delayed.

* Proof of name of person(s) named in section B
* Proof of name of person named in section C

\*Proof of right to see someone else’s records eg. full birth certificate naming you as parent

 (\*only required if requesting records on behalf of someone else)

**Section G: Signatures**

**Declaration**

I certify that the information given on this application form to NAME is true. By signing this declaration I confirm I have read the privacy notice and I agree to NAME processing my personal data for the purposes of my Subject Access Request.

**Applications on behalf of a child**

If the application is on behalf of a child aged 12-17 years of age, I am signing to certify that a parent, guardian or social worker has explained the subject access process to the child and the child is happy for me to make this request on their behalf. We may independently seek the child’s consent to release the documents to you, even if you have parental responsibility for them. If they are deemed competent to make this decision, we will honour it. Should they refuse to consent, we may not disclose the information to you.

Additionally, if I am making a request on behalf of a child (aged under 18 years of age) with whom I do not currently reside, I consent to and understand that NAME may, as part of processing my application, write to the parent with whom the child is currently living and ask them whether there is any Court Order prohibiting the release of information about the child.

Information will only be disclosed to those parents who have signed the form. Both parents should sign the form if this is a joint application, thus giving consent for their third party data to be disclosed together.

**Person(s) named in section B**

**Date:**

 **Date:**

 **Person named in section C (if aged 12 or above)**

I sign here to confirm the subject access process has been explained to me and I consent to the release of my information to the person(s) named in Section B

 **Date:**