



APPLICATION FOR ACCESS TO PERSONAL INFORMATION

- All applicants must complete Sections 1, 2 and 7.
- If you are applying on behalf of someone else, then they must complete Section 4 and you will also need to complete Section 3.
- If you are under 18 years, then your parent, guardian or social services care manager should complete Section 5.
- If you are a parent applying for access on behalf of your child, please complete Section 6.

Please note: Before disclosing the information, we will require proof of identity by production of a passport or photo-driving licence. In order not to cause unnecessary delays, could you please supply your proof of identity when making your application. A scanned or photocopied copy will be sufficient.

1. CONTACT DETAILS

Name of Applicant:

Address of Applicant:

.....

.....

Previous address if moved in the last three years:

.....

.....

.....

Date of Birth:

Telephone No:

Mobile No:

Email Address:

2. ADDITIONAL INFORMATION

To help us locate any personal information that we hold, please supply any relevant information:

Name of Department(s) Concerned:

.....
.....

What service(s) was used or received?

.....
.....
.....

When was the service used?

.....

Please indicate the information you require:

.....
.....
.....
.....
.....

Please supply any other information that you think might help us to locate your personal information:

.....
.....
.....
.....
.....

3. AUTHORISATION TO ACT ON BEHALF OF THE APPLICANT

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

I, (Name of Agent)
have been authorised to act on behalf of :

.....
(Name of person who received the service)

I declare that I will not disclose any information that I am supplied with other than to the person on whose behalf I am acting, unless they give me their express permission.

Signed (Agent) Date:

4. SERVICE USER’S AUTHORISATION

Please complete this section if an agent is acting on your behalf:

I, (Name of user of services/employee) authorise

..... (Name of person or agent acting on your behalf) to seek access to personal information held by Calderdale Council. I declare that this authorisation was freely given.

Signed Date:
(User of Service/employee)

5. APPLICATION BY UNDER 18’S

If you are under 18 years, a parent, guardian or Social Services Care Manager should certify that you fully understand the nature of this application and your application will then be considered:

I,
(Name of parent, guardian, social worker, etc)

Address:
.....

Certify that the applicant, (Name of applicant)
Who is under 18 years, understands the nature of this application for access to his/her personal information.

Signed Date:
(Parent, Guardian, Social Worker, etc)

6. PARENT APPLYING FOR ACCESS ON BEHALF OF CHILD

If you are a parent applying for access on behalf of your child, please complete the following and tick the relevant box.

Please note that you must be able to establish that you are legally able to act on behalf of your child. This generally means that you must have parental responsibility for him or her. It should be noted that a parent can only be granted access to their child's records if this is considered to be in the child's interests.

Name of Child: Date of Birth:

.....
.....

I (Name of parent) am making a request for access to records on behalf of the child named above and:

Tick as appropriate:

- The child is incapable of understanding the request and I am making the request on his/her behalf
- The child has consented to my making this request on his/her behalf and this consent was freely given

Signed: Date:
(Child where consent is given)

Signed: Date:
(Parent)

7. SIGNATURE

All applicants must sign and date the following:

I wish to request access to personal information held by Calderdale Council about:

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

In accordance with the Data Protection Act 1998, I understand that to ensure confidentiality for the Council to obtain further information to confirm my identity and to locate the information sought.

Signed: Date:

Please return this form to:

Corporate Information Manager
Calderdale Council
Information Governance Team
Democratic and Partnership Services
Town Hall
PO Box 51
Halifax
HX1 1TP

Please note:

- The Council may contact you for further information regarding the information required.
- Once the information has been collated, you will be notified that your file is ready for collection or posting out.
- Information can only be disclosed once proof of identity has been seen or received.

Information Governance Team
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