

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*)

