Application to access your personal information

If you would like to see your own personal information, please complete and return this form to us. Please take the time to read the following before completing the form.

Under the Data Protection Act, you are entitled to access your own personal information held by the Local Authority, subject to certain exemptions. If your request is for your social care records we will supply your information on a CD unless you request otherwise.

You should receive your information within one month of us receiving your completed application. If we need to extend the period of compliance by up to a further two months because your request is complex or numerous, we will inform you within one month of receipt of your request and explain why the extension is necessary.

Please include with the application form proof of your identity and address; we require photographic ID such as a driving licence or passport and a utility bill within the last three months as proof of address. We will acknowledge your request in writing and we treat all requests in confidence.

Sometimes your file may contain information about other people or from other people or organisations. We may contact you and ask for your consent to contact these people or organisations. If you consent, we will ask those people for permission to share their information with you.

You can apply on behalf of another person, but that person will need to sign to say that they are happy for you to do so, and provide their photographic ID. If you are requesting a child’s records you may be required to provide proof of parental responsibility for the child.

As a general rule a child aged 12 or over will have sufficient understanding to exercise their rights. It is a child who has the right of access to the information held about them, even though in the case of young children these rights are likely to be exercised by those with parental responsibility for the child. If you are applying for your child’s personal data and your child is over 12 years of age, please complete section 3 which requires your child’s signature.
1. Applicant details

**The applicant** – Please provide the full name *(including any aliases or previous names)* of the person whose records are required

______________________________________________________________________________

Address _______________________________________________________________________

______________________________________________________________________________

Postcode Date of birth

______________________________________________________________________________

Phone number

______________________________________________________________________________

Email address

______________________________________________________________________________

Please give brief details of the information you are seeking

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please give details of anyone we should **not** contact

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

2. Details of the person who is acting on behalf of the applicant *(if applicable)*

If you are applying on someone’s behalf, please provide your name and contact details, including a phone number

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please sign here

______________________________________________________________________________

If you are making this application on behalf of someone else, please supply evidence of your authority to do so e.g. signed consent below giving you authority to act or a copy of for example, a Lasting Power of Attorney and their photographic ID.

The applicant (the person whose records are being requested) must now sign the declaration
below consenting for the person named above to act on your behalf. We might want to discuss your application with you to make sure your personal information is kept safe.

Signature      Date
________________________________________________________________________________________

To be signed by the child (aged over 12) to give authority to release their data to a person with parental responsibility (PR).

I understand that (insert name of person with PR) _________________________________ is requesting copies of my records and I am freely giving my consent for all my personal data to be disclosed to the above named person.

Name (printed)       Date
__________________________________________________________________________________
Signature       Contact number
__________________________________________________________________________________

Please tick to confirm that you have enclosed two of the following documents, one of which must be a utility bill and the other a photograph ID (either your passport or driving licence).

Please do not send originals; we will accept good photocopies.

☐ Utility bill     ☐ Passport or driving licence

Please also provide ID and evidence if you are acting on someone else’s behalf; or evidence that you have parental responsibility if you are applying for a child’s records

Signature      Date
______________________________________________________________________

Please return this form to:-

The Data Management and Access Officer

County Hall, Tower Street, Chichester, West Sussex, PO19 1QT