

**Access to Personal Records: Request Form**

**IMPORTANT NOTE:**

**Please ensure that you read every part of the form. Complete in full any section that applies to your access request.**

**1. Personal Details**

|  |  |
| --- | --- |
| **Surname:** |  |
| **Forename(s):** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone No:** |  |

Please enter below details of the specific service or project within the Zone that worked with you, with approximate dates covering the period that you were seen:

**2. Details of a Representative Making the Request**

|  |  |
| --- | --- |
| **Surname:** |  |
| **Forename(s):** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone No:** |  |

Please indicate your relationship to the young person for whom you are requesting records:

Please indicate if:

|  |  |  |
| --- | --- | --- |
| The young person that you are requesting  information about has given their written consent (unless they are incapable of understanding or giving consent). | Is evidence provided?  (office use) | YES / NO |
| You have been appointed by the court to act on the  young person’s behalf. | Is evidence provided?  (office use) | YES / NO |

**3. Additional Information**

Please use this section of the form to give any extra relevant information that you think might help us locate the records requested.

|  |  |
| --- | --- |
| **Previous Address (1):** |  |
| **Postcode:** |  |

|  |  |
| --- | --- |
| **Previous Address (2):** |  |
| **Postcode:** |  |

Any other information you think relevant:

If you wish to receive information relating to a specific aspect of any care provided, please

specify below:

**4. Method of Obtaining Information** (tick preference)

|  |  |
| --- | --- |
| Please send the requested information to me at the addressed provided: |  |
| When the information is available, please contact me to arrange collection of records and contact me at the address provided: |  |
| When the information is available, please contact me to arrange collection of  records and contact me via telephone on the number provided: |  |

**Or** send the information to the following alternative address:

**WARNING**: You are advised that the making of untrue statements in order to secure access to personal information to which you are not entitled to is a criminal offence.

**5. Declaration**

I declare that, to the best of my knowledge and belief, the information given on this form is

correct:

|  |  |
| --- | --- |
| **Name: (BLOCK CAPITALS):** |  |
| **Signed:** |  |
| **Date:** |  |

Please ensure that you have fully completed all sections of this form that apply to your access request. Omissions or incorrect information will cause delay and could result in access to the requested data being denied.

Completed forms should be returned to:

**The Performance & Information Officer, The Zone,**

**14-16 Union Street, Derry’s Cross, Plymouth,**

**PL1 2SR**