

# Data Protection Act 1998 Access Requests Form



## 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.

**1. Name of Applicant**

.....

**Address of Applicant** .....

.....

.....

**Previous address if moved in the last three years**.....

.....

.....

**Date of Birth** ..... **Telephone No/s** .....

**2. To help us locate any personal information which 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 which you think might help us to locate your personal information**

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

**3. Please complete this Section if you are authorised to act on behalf of the applicant**

I 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. If an agent is acting on your behalf, then please complete the following:**

I, ..... (Name of user of services)

authorise .....  
(name of person or agent acting on your behalf)

to seek access to personal information held by Shropshire Council. I declare that this authorisation was freely given.

Signed ..... Date .....  
(User of Service)

**5. 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. 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 .....

Address of Child .....  
.....  
.....

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 (Child) where consent is given ..... Date:  
.....

Signed (Parent) ..... Date:  
.....

**7. All applicants must sign and date the following**

I wish to request access to personal information held by Shropshire Council of

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

in accordance with the Data Protection Act 1998.

I understand that to ensure confidentiality it may be necessary for the Council to obtain further information to confirm my identity and to locate the information sought. I enclose the application fee of £10.00 (cheque to be made payable to Shropshire Council).

I would like the reply to this request to be-

- *tick as appropriate*

Sent to my home address (as above)

Collected from your offices (you must bring evidence to confirm your identity)

Signed .....

Date.....

Please return this form to:

**PRIVATE & CONFIDENTIAL**  
Information Governance Team  
Shropshire Council  
Shirehall  
Shrewsbury  
Shropshire  
SY2 6ND

When disclosing the information we will require proof of identity by production of a passport or photo card driving licence.

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**OFFICE USE ONLY**

Internal Reference No.: \_\_\_\_\_

Date received: \_\_\_ / \_\_\_ / \_\_\_\_\_

Payment validated: \_\_\_ / \_\_\_ / \_\_\_\_\_