



Access to records application form

Everyone must complete this section giving as much information as possible including dates, names, addresses etc.

Name Any previous names

Current address

Postcode:

Date of birth (if applicable) Telephone (Daytime)

Whose records are you requesting? Please tick appropriate box

My own records (move on to part A) Applying on behalf of someone else (move on to part B)

Someone else's records (move on to part B)

Part A - Application for access to your records

Any previous addresses and dates you lived there

Dates

Dates

Are you currently receiving a service? No Yes (please provide details)

Which service did you receive?

Names of any staff involved

Is there any specific information you would like to know?

Now move on to part C

Part B - Application made on behalf of someone else

If you are making this request for information on behalf of someone else, or to see the records of someone else, state your relationship:

Parent Other (please state) Legal Representative

Is the person under the age of 18? Yes No If yes, please state their age and D.O.B.

Please provide the following details about the person:

Name Any previous names

Address

Do they still receive services from this department? No Yes (please provide details)

Any previous addresses and dates they lived there (continue on a separate sheet if necessary)

Dates

Dates

What records would you or they like to see (continue on a separate sheet if necessary)

Part C - Authority & fee

We have a responsibility to ensure that we keep your information safe. For that reason we ask you to provide us with some proof of identity. Please let us have a copy of your passport, driving licence, or other document showing your name and signature. Please also provide us with a recent bill (such as a council tax bill) showing your name and address. This will help us to verify proof of your address.

Under the Data Protection Act 1998 we are entitled to charge an administration fee of £10 for processing your application. Please make your cheque payable to **Southampton City Council**. This only applies if you are not currently receiving a service from us.

Note: The period of 40 days in which the organisation must respond to the request will not commence until it is satisfied upon these matters and the fee has been paid.

Documents enclosed

- Evidence of current name and address of person named in Section A.
- Evidence of current name and address of person named in Section B.
- Evidence of change of address since receiving services.
- Evidence of change of name since receiving services.
- Evidence of right to see someone else's records (for example, power of attorney or signed authority).

Do you wish to have a photocopy of these records? Yes No

Part D - Declaration

Once you have completed the form and checked that the information you have provided is accurate, please sign and date it below.

I, certify that the information given on this application form to Southampton City Council, Health and Social Care is true. I understand that it is necessary for the City Council to confirm identity and that in order to do so, the City Council may ask me to provide further documentation to prove that identity.

Signature of person making the application

Signed Date Print name

Signature of person named in part B

Signed Date Print name

Please return this form with any applicable proof of identity and fee to the following address:

**Access to Records Co-ordinator, Customer Liaison Service, Southampton City Council
Health & Social Care, 14 Cumberland Place, SOUTHAMPTON SO15 2BG**

For official use only: Date received Fee received Yes No N/A

Cheque Cheque No

Verification documentation:

Name and signature

Address

Authorisation (if applicable) Driver's licence Passport Utility bill