

Data Subject Access Request Form

Who are you requesting information for?

- Yourself
- Your child
- On behalf of someone else

Section 1

Please provide your details here.

Title _____

First Name _____

Surname _____

Previous Names
(if applicable) _____

Current Home address _____

(including Postcode) _____

Previous addresses
(including those from
childhood if requesting
a Children's Social Care
records) _____

Contact

Telephone Number _____

Email Address _____

If the request relates to your own information please go to Section Three

Section 2:

Details about the person whose information is being asked for

If you are making a request on behalf of someone else please fill in the below section.

Title _____

First Name _____

Surname _____

Date of Birth _____

Previous Names
(if applicable) _____

Current Home address _____

(including Postcode) _____

Contact

Telephone Number _____

Email Address _____

Section 3

Details about the information you are asking for

By filling in this section it can help us to locate your records and provide you with the exact information you are requesting. With that in mind where possible please give as much detail as you can, for example, information about a specific event or date period, what service your request relates to i.e. Adults Social Care, Customer Services, Children's Services (social care), council tax. (please use a separate sheet if needed).

Section 4

Declarations

If you are requesting information about yourself please complete section 4a.

If you are requesting information on behalf of somebody else (including a child aged 12-16 who understands that you are making the request and the reasons why), please ask them to complete section 4b

If for any reason they are unable to sign this declaration please complete section 4c.

If you are making a request for a record belonging to a child, you must complete and sign section 4d.

Section 4a

Declaration

I confirm that the information I have supplied in this application is correct and that I am asking for information about myself from Stockton-on-Tees Borough Council.

Signed: _____

Date _____

Section 4b

Declaration of authorisation

I confirm that I am the person whose details appear in section 2 of this application and that I agree to my personal information being disclosed to the person whose details appear in section 1.

Signed: _____

Date _____

Section 4c

Declaration that you are involved in making decisions on behalf of a person who lacks capacity.

If they are able to decide who can see their personal information, they must complete either section 4a or 4b whichever is most appropriate. Information shared will only be what is required for this specific decision to be made and in their best interests.

Do you hold any legal decision making authority in relation to the person named in section 2? An example of this would be a Lasting Power of Attorney or Court of Protection Deputy appointment?

Yes No

If Yes, please provide details of this authority and what decision you are making in the box below.

Signed: _____

Date _____

Section 4d

Declaration of parental responsibility

I confirm that I/we have parental responsibility for:

(Insert young persons name) _____

Signed: _____

Date _____

Or

I can confirm that I am the person in Section 1 and that I have the legal authority to ask for information about person named in Section 2. Please provide details of this authority in the box below.

Signed: _____

Date _____

You should return the completed form along **with a copy of your identification** to

Email: **F0landcomplaints@stockton.gov.uk**

Post: Information Governance Team
Information and Improvement Services
Municipal Buildings
Church Road
Stockton-on-Tees
TS18 1UE

If you have any questions you can call the team on **01642 527521**