

**Access to**

**Personal Information**

**Subject Access**

**Application Form**

If you require this in a different format or language, please contact Information Compliance on 01803 207177

|  |
| --- |
| Please complete this form if you wish to access personal information held by Torbay Council on yourself or the individual you are acting on behalf of.On receipt of this form and proof of identification, the Council has 1 month to respond to your request but may extend this by a further two months if the request is complex. We will always inform you of when you should receive your response.  |

|  |
| --- |
| Please return this form to:The Information Compliance TeamTown HallCastle CircusTorquayTQ1 3DRPlease ensure you have enclosed all relevant information before returning this form. |

**Subject Access Request Guidance and Checklist:**

**REQUESTING YOUR OWN INFORMATION**

|  |  |
| --- | --- |
| **You will need to include:** | **🗸** |
| The request in writing – complete section A of this form |  |
| Proof of your identity |  |

**REQUESTS ON BEHALF OF CHILDREN**

A parent does not have an automatic right to information held about their child. The right belongs to the child however in some circumstances the parent can act on their behalf, providing the parent has Parental Responsibility. Once the child reaches sufficient maturity, the child can exercise their own right, and the parent must act with the child’s consent. The Council take the view that the age at which the child reaches sufficient maturity is around the age of 12, but this may vary according to factors particular to that child.

Where parents have separated, consideration will be given to the ‘best interests’ of the child in releasing information to the requesting parent.

**For a child sufficiently mature/over 12 you will need to complete Section A of the Application Form and SECTION B of the Proof of Consent Form.**

|  |  |
| --- | --- |
| **You will need to include:** | **🗸** |
| The request in writing – complete **Section A** of this form |  |
| Proof of identity of the requester (adult) |  |
| Proof of the child’s consent for the adult to access their information – complete **Section B** of this form |  |
| Proof of identity of the data subject (child) |  |

**For a child insufficiently mature/under 12 you will need to complete Section A of the Application Form and SECTION C of the Proof of Consent Form.**

|  |  |
| --- | --- |
| **You will need to include:** | **🗸** |
| The request in writing – complete **Section A** of this form |  |
| Proof of identity of the requester (adult) |  |
| Proof of identity of the data subject (child) |  |
| Proof of the responsibility of the adult for the child - complete **Section C** of this form |  |

**REQUESTS ON BEHALF OF ADULTS**

**For an adult acting on behalf of another adult without capacity you will need to complete Section A of the Application Form and SECTION C of the Proof of Consent Form.**

|  |  |
| --- | --- |
| **You will need to include:** | **🗸** |
| The request in writing – complete **Section A** of this form |  |
| Proof of identity of the requester (adult) |  |
| Proof that the requester may act on behalf of the data subject - complete **Section C** of this form |  |

**For an adult acting on behalf of an adult with capacity you will need to complete Section A of the Application Form and SECTION D of the Proof of Consent Form**

|  |  |
| --- | --- |
| **You will need to include:** | **🗸** |
| The request in writing – complete **Section A** of this form |  |
| Proof of identity of the requester – if a solicitor, a letter on headed paper will normally be sufficient |  |
| Proof that the requester may act on behalf of the data subject complete **Section D** of this form |  |
| Proof of identity of the data subject |  |

**Section A**

**Access to Personal Information**

**(Subject Access Application Form)**

|  |
| --- |
| Your full name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Your current address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Postcode . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Your contact telephone number. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Your date of birth . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Any other names you are/were known by . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |

|  |
| --- |
| Do you want to request to see another person’s records? **YES/NO** - if No please continue to page 8.Name of person whose records you want to see. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Address of person whose records you want to see. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Postcode . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Contact telephone number of person . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Date of birth of the person whose records you want to see . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Any other names the person is/was known by . . . . . . . . . . . . . . . . . . . . . . . . . . . .  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |

|  |
| --- |
| Are you (or the person whose records you want to see) **currently** in contact with Torbay Council?Yes [ ]  No [ ] If **yes**, what is the name and address of the person you are in contact with? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .If **no**, please can you give us details of where you\* lived when you were in contact with Torbay Council:. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .\**or the person whose records you want to see* |

|  |
| --- |
| Please help us to deal with your request quickly and efficiently by giving as much detail as possible about the information you want. If possible restrict your request to a particular service, period of time or incident. If necessary continue this section on a separate sheet.The information I am requesting to see is:. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .The Information requested covers the dates:From: . . . . . . . . . . . . . . . . . . . . . . . . To: . . . . . . . . . . . . . . . . . . . . . . . . .Any other relevant details to help us locate the information example; Department/Team involved, Social Worker involved, file reference if known. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |

|  |
| --- |
| **Declaration**Please be aware you will be required to produce two of the following as **proof of identity** before we will proceed with your request:* Current Passport
* Current Driving Licence
* Birth Certificate
* Marriage or civil partnership certificate
* A combination of two different utility bills and/or bank statements no more than 3 months old
* Verification by a Council Officer who has been working with you

If none of these are available please contact the Information Compliance Team for advice on other acceptable forms of identification.Signed: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Date: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Warning: Anyone who unlawfully obtains or attempts to obtain personal information is guilty of a criminal offence and is liable to prosecution. |

**Subject Access Request**

**Proof of Consent Form**

One section of this form must also be completed if you are undertaking a subject access request on behalf of someone else.

Please be aware that we reserve the right to send the requested information directly to the individual you are representing.

|  |
| --- |
| Complete **Section B** if you are acting on behalf of someone else over the age of 12;**OR**Complete **Section C** if you are acting on behalf of a child under 12 or an adult who lacks capacity;**OR**Complete **Section D** if you are a legal representative. |

**Section B**

Section B to be completed when acting on behalf of an adult or young person over the age of 12.

|  |
| --- |
| I am undertaking this subject access request on behalf of:. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . (Insert name of individual whose personal information you wish to see)My relationship to them is:. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .(e.g. partner, parent, legal guardian, main carer, advocate, etc.)**Declaration - To be completed by the person you are acting on behalf of** I enclose the following proof of identification:. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .(e.g. copy of your passport, birth certificate, driving licence, verification from a Social Worker you have been working with)I, (the subject of the request), confirm that I am happy for. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . to undertake this subject access request on my behalfName: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . . . . . . .  |

**Section C**

To be completed when acting on behalf of a child **under** 12, **or** an adult who lacks capacity

|  |
| --- |
| I am undertaking this subject access request on behalf of:. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . (Insert name of individual whose personal information you wish to see)My relationship to them is:. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . (e.g. parent, legal guardian, main carer, advocate etc.)I enclose either a copy of their birth certificate to confirm they are under 12 years **or** my personal Welfare Power of Attorney for the subjectDeclaration**If the subject is a child under 12 –** I confirm that I hold parental responsibility for the above named child **For** **an adult who lacks capacity –** I confirm that I am the subject’s main carer.Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . |

**Section D**

If you are a legal representative undertaking a subject access request on behalf of a client, your client will need to complete this section on the form to show they are happy for you to do this.

|  |
| --- |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Your ref: . . . . . . . . . . . . . (Insert the name of the legal representative)of . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . (Insert the name of the legal firm)has permission to undertake this subject access request on my behalf.I also enclose a copy of the following form of ID to confirm my identity as the subject. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . (e.g. copy of your passport, driving licence, combination of utility bills and/or bank statements)Name. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Signed. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . . |