



DATA PROTECTION ACT 1998 SUBJECT ACCESS REQUEST FORM

Application for Access to Personal Information

- All applicants must complete Sections 1, 2 and 6.
- 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 a parent applying for access on behalf of your child, please complete Section 5.

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 that 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 that 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 the Council of the City and County of Swansea. I declare that this authorisation was freely given.

Signed: Date:
(User of Service)

5. If you are a parent applying for access on behalf of your child (person aged under 16 years) 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:..... Date:
(Child, where consent is given)

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

6. All applicants must sign and date the following:

In accordance with the Data Protection Act 1998 I wish to request access to personal information held by the Council of the City and County of Swansea about (name of user of service):

.....

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 the City and County of Swansea).

Signed:..... Date:

Please return this form to:

The Complaints Team Room 3.3.8 Civic Centre Oystermouth Road SWANSEA SA1 3SN
