

Section 1: Your Details

Forename:

Surname:

Address:

.....

Telephone Number:

E-mail:

Date of Birth:

Section 2: Details of the person you are enquiring about (where different from Section 1)

Forename:

Surname:

Also known as:

Date of Birth:

Section 3: Details of Enquiry

(1) I am/have been a Service User of the Trust or act on behalf of a Service User and would like:-

- (a) A telephone call from my/their Care Co-ordinator/Healthcare Professional to discuss my/their records or care
- (b) A face-to-face meeting with my/their Care Co-ordinator/Healthcare Professional to discuss and view my/their records or care
- (c) To obtain copies of:-
 - (i) All records held about me/the Service User (health care, complaints etc)
 - (ii) Only my/their health care records
 - (iii) Records relating to any complaints raised about my/their health care
 - (iv) If only interested in records for particular period of time or particular service, please specify:-

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Name of Health Professional seen (if known):-

Location attended for care/treatment:-

Section 3 Contd: Details of Enquiry

- (2) I am/have been an Employee of the Trust or act on behalf of an Employee and would like:-
- (a) A telephone call with my/their Line Manager to discuss my/their records or employment
 - (b) A face-to-face meeting with my/their Line Manager to discuss and view my/their records or employment
 - (c) To obtain copies of:-
 - (i) All records held (personal file, supervision records etc)
 - (ii) Records relating to the time period:-
 - (iii) Records relating to specific area of employment:-

Section 4: Declaration and Authority for Request

I confirm that, to the best of my knowledge, the information provided on this form is correct and:-

- (1) I am the individual about whom the enquiry is being made and attach proof of identity.
 - (2) My application is accompanied by the authority of the individual about whom the enquiry is made and I attach proof of my identity.
 - (3) I am the legal representative/act under a Power of Attorney for the individual about whom the enquiry is made and attach evidence of my appointment.
 - (4) The individual about whom the enquiry is being made is under 16 and does not have capacity to consent to the enquiry. I hold parental responsibility and attach proof of the relationship; or
 - (5) The individual about whom the enquiry is being made is deceased, I attach proof of my identity and confirm:-
 - (a) I act as executor (copy of appointment enclosed); or
 - (b) I act with authority of the executor (copy of appointment and authority enclosed); or
 - (c) I have a claim arising out of the death and the enquiry is relevant to this claim because:-

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 - (d) I am the next of kin and attach documentary evidence supporting my relationship. I confirm that there is no will in existence at the time of death and that Grant of Probate has not been applied for.
 - (6) Any other reason for your request and the authority under which access to the record(s) is sought. If required, please contact our Information Rights Department for further help and advice:
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Signed: **Date:**