

ACCESS TO PERSONAL RECORDS FORM AND GUIDANCE



This form and guidance notes have been designed to help you when applying to see your children's services records (or former social services records). You are not obliged to complete this form to make a request, but doing so will make it easier for us to process your request promptly.

Under General Data Protection Regulation 2018 and Data Protection Act 2018, you are entitled to see the information we hold about you.

If you want to make a formal request to see your Children's Services file (a subject access request), please fill in the attached form and send it with proof of identity to:

Corporate Information Governance Team
Floor 3, Core 2/3
Civic Offices
Guildhall Square
Portsmouth
PO1 2AL

Telephone: 023 9268 8482

Email: foi@secure.portsmouthcc.gov.uk

You will need to ensure that all sections of the form are fully completed.

The information you supply on this form will only be used for the purpose of identifying you, locating the records you require and for the administration of your request. We will use your contact details to keep you informed of the progress of your request and to provide you with our response. Details of your request will be held securely for a period of 3 years.

For more information about how the Council collects and uses personal information, you can read our Privacy Notice on our website (www.portsmouth.gov.uk) by searching for 'data protection'.

PROOF OF IDENTITY

We need to have proof of your identity before we can let you see your personal information. The proof of identity that you will only be used to process your application, and for no other purpose.

Please include with your form:

- Proof of identity e.g. passport, birth certificate
- Proof of name and address e.g. recent bank statement, recent utilities bill
- If you have changed your name, the relevant documents to evidence this e.g. marriage certificate

In addition, if you are applying to see someone else's records, you will need to provide:

- Proof of your own identity and that of the person who wants to see their records
- Proof of your right to view someone else's records, e.g. power of attorney, letter of authority, child's full birth certificate, parental responsibility

If insufficient identification is provided, this may delay your application.

Please send original documents in a secure manner as Portsmouth City Council cannot be responsible for items lost in transit before they reach our office.

HOW QUICKLY CAN YOU SEE YOUR RECORDS?

You can usually see the file you are asking for within one calendar month of receiving your fully completed form and sufficient evidence of your identity. However, if we have to ask you for more information in order to identify your file, seek social work or keyworker opinion on disclosure, or we have to get consent to see third party information, it may take longer. In addition, this month may be extended by a further 2 months if the request is complex or if a number of requests have been received from the individual.

Please help us by answering all the questions on this form as fully as you can, providing details of specific events and / or time periods where possible. **Please be aware that the one month processing period will not start until we receive sufficient proof of identification and enough details to enable us to locate the information you require. You will need to ensure that all sections of the form are fully completed.**

THERE IS NO CHARGE FOR SEEING YOUR RECORDS

WHAT SORT OF RECORDS MAY BE HELD BY CHILDREN'S SOCIAL CARE?

The personal records held may include: personal details, care needs assessments, agreed plans for your care, financial assessments, copies of letters to and from you or other's involved in your care.

The services that Children’s Social Care provide, have provided or arranged include: work with children and their families, including fostering and adoption.

COMPLETING THIS FORM

- Please fill in sections A,C,D and E and sign section F
- If you are applying on someone else’s behalf for them to see their own records, please also fill in section B
- The person who's records are being applied for must sign Section F unless: Power of Attorney is held by the applicant and where the Power of Attorney is registered.

There are two types of Power of Attorney:

Health & Social Care - which allows the holder to decide care and health matters of the client, and Finance - which allows the holder to decide on the financial affairs of the client

ACCESS TO PERSONAL RECORDS FORM (SUBJECT ACCESS REQUEST FORM)



SECTION A		Details of the person whose records are held by Children’s Services (the ‘data subject’)	
		If you are asking to see your own records	
		<ul style="list-style-type: none"> • If you currently get services from us, please fill in A1 • If you no longer get services from us but your name and address are the same as they were when you did, please full in A1 • If you no longer get services from us and your name and/or address have changed since you did, please fill in your current name and address in A1 and your details when receiving services in A2 	
		If you are making a request on behalf of someone else or to see someone else’s records	
		<ul style="list-style-type: none"> • If they currently get services from us, please give their name and details in A1 • If they no longer get services from us but their name and address are the same as they were when they did, please fill in A1 • If they no longer get services from us and their name and/or address have changed since they did, please fill their current name and address in A1, and their details when receiving services in A2 	
A1		Current name and address	
	Mr/Mrs/Miss/Other: (please circle)	Surname:	

First Name(s):
Address:.....
Postcode:
Date of birth:
Daytime telephone number: E mail address: Preferred means of contact:
PLEASE NOTE THAT YOUR RECORDS WILL BE PRINTED OUT AND SENT TO YOU IN THE POST USING A RECORDED DELIVERY METHOD FOR WHICH YOU WILL NEED TO SIGN TO CONFIRM RECEIPT

A2 Name and details when receiving services if different from above	
Mr/Mrs/Miss/Other: <i>(Please circle)</i>	Surname:
First Name(s):	
Address:.....	
Postcode:	
Date of birth:	
Daytime telephone number:	

ACCESS TO PERSONAL RECORDS FORM
(SUBJECT ACCESS REQUEST FORM)



SECTION A 2 Continued			
Are you currently receiving services from us? (please tick)			
YES		NO	
If yes, please provide details:			

SECTION B Your details if applying on the behalf of the person named in section A, or to see the records of the person named in section A	
Mr/Mrs/Miss/Other: <i>(please circle)</i>	Surname:

First Name(s):
Address:..... Postcode:
Date of birth:
Daytime telephone number:
Relationship to person named in section A (e.g. parent,guardian,named on Court of Protection order, holder of power of attorney, solicitor, named executive):
<i>Please note: Personal information about a child will only be disclosed to parents, foster parents and agents if staff are satisfied that the child's informed consent has been freely given or it is in his/her best interest. In most cases, a child aged 12 years or over is presumed to be mature enough to consent to such a disclosure, unless the contrary is shown. Information will only be disclosed to those parents/agents who have signed the form. Therefore, both parents should sign the form if this is a joint application.</i>

SECTION C	Details of involvement of person named in section A with Adult or Children's Services
------------------	--

	<ul style="list-style-type: none"> Please tell us what services you are requesting information from 	
		Please Tick
	Children's Services- social care records	

- Please give us details of services received including dates where possible

.....
.....
.....
.....

- Please let us know if you were known by any other name while receiving services.

.....
.....

- If there is a particular part of your records you wish to see, please indicate that part here.

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

SECTION D Who is applying to see your records?

Please tick the statement that applies to you.

	Please Tick
I am applying to see my own records	<input type="checkbox"/>
I am applying on behalf of the person named in Section A so that they can see their own records	<input type="checkbox"/>
I am applying to see the records of the person named in Section A	<input type="checkbox"/>

SECTION Documents enclosed (please tick all that have been enclosed)

E

Please note: The timeframe in which we must respond to your request cannot commence until we have received all necessary documentation.

Proof of name of person named in Section A (e.g. valid passport, driving licence, birth certificate, or immigration/asylum status paperwork)	Tick
Proof of current address of person named in Section A (e.g. named utility bill, or driving licence if not used as proof of name)	
Proof of name of person(s) named in Section B (e.g. valid passport, driving licence, birth certificate, or immigration/asylum status paperwork)	
Proof of current address of person (s) named in Section B (e.g. named utility bill, or driving licence if not used as proof of name)	
Proof of right to see someone else's records (for example, power of attorney, letter of authority, child's birth certificate)	

SECTION Signatures

F

Declaration

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

Person named in Section A

.....	Date:
-------	--------------------

Person (S) named in Section B

.....	Date:
-------	--------------------

.....	Date:
-------	--------------------