**PART A – Applicant’s Details**

|  |
| --- |
| Forename:  |
| Surname: |
| Date of Birth:  |
| Daytime telephone number: |
| Email Address: |

|  |
| --- |
| Current Address:Postcode:  |
| Previous address, if you have been living at your current address for less than 5 years:Postcode: |

**PART B – Information being requested**

|  |
| --- |
|  |

**PART C – Complete this section ONLY if you are making the request on behalf of the person described above**

|  |  |
| --- | --- |
| Forename:  | Current Address:Postcode:  |
| Surname: |  |
| Daytime telephone number: | Email Address: |
| Why are you making a request on behalf of the person above \* |

\* If you are making the request on behalf of another person you must enclose with the request a signed authority from them. If you are making the application because the data subject lacks capacity to make the application in their own right, please describe above in what way they lack capacity and why you have the authority to make the application on their behalf.

**PART D – Signed Authorisation**

|  |
| --- |
| All applicants must sign and date the declaration below |
| I certify that the information given on this form is true.Signed Date |

**PART E – Sending of Application Form**

**By Email**

If you wish to send your completed application form via email, please forward to the email below

\_Information@scstrust.co.uk

**By Post**

Please return completed form to:

The Information Governance Officer Slough Children’s Services Trust St Martin’s Place 51 Bath Road Slough Berkshire SL1 3UF

**FORM OF AUTHORITY FOR RELEASE OF DATA HELD BY SLOUGH CHILDREN’S SERVICES TRUST**

Name

Date of Birth

Current Address

Former address (if applicable)

I hereby authorise – (name)

of (address/organisation)

to obtain information as outlined on the attached form - Application for Access to Personal Information held by Slough Children’s Services Trust

Signed

Date