

**Application to receive Personal Information**

**of Another Adult**

**YOU DO NOT HAVE TO USE THIS FORM. You can send the**

**information requested on this form to** transparencyteam@essex.gov.uk

**Part 1 – Requester Information -** Please complete in **BLOCK CAPITALS**

Full Name ………………………………….. Relationship to data subject ……….………………

Address ………………………………………………………………………………………………….

Daytime Telephone Number …………………..… Email Address …….……………….…...........

I provide the following proof of identity with my application:

[ ]  Passport [ ]  Driving Licence [ ]  Birth Certificate [ ]  Other

‘Other’ please state ………………………………………………………………………………………..

With my application I provide the following proof of my right to act on the data subject’s

behalf:

 [ ]  Lasting Power of Attorney [ ]  A Signed Consent Form [ ]  Other

 [ ]  A best interests’ decision by a professional working with the data subject

‘Other’ please state ………………………………………………………………………………………..

**Part 2 – The Data Subject whose personal information you are requesting**

Please see guidance on requesting data about [another adult](https://www.essex.gov.uk/sites/default/files/migration_data/files/assets.ctfassets.net/knkzaf64jx5x/5I6SSMi3qjMpZbT2VyllI2/8565f78d1853c11ec43e0882d0ad011e/Requesting-another-adults-information.pdf)

Title …… Surname ………………………………... First Name ………………………………….

Maiden, previous or other names ……………………………………………………………………..

Date of birth ……………………………………………………………………………………………..

Current Address ………………………………………………………………………………………..

Post Code …………………………

Telephone Number. ……………………… Email Address ……………………………………...

I provide the following proof of the Data Subject’s identity with my application:

[ ]  Passport [ ]  Driving Licence [ ]  Birth Certificate [ ]  Other

‘Other’ please state ………………………………………………………………………………………..

**Part 4 – Details of the information being requested**

Essex County Council is a very large organisation. The more information you can give us about what you want, the quicker we can deal with your request.

Sometimes the information may be in someone else's file. This may be because the data subject is a relative or carer for child or adult. Please tell us the names and dates of birth of the person whose file the data subject’s information may be in:

Please tell us what information you would like to receive:

|  |  |
| --- | --- |
| Adult Social Care Records |[ ]  Child Social Care Records |[ ]
| Complaints made to ECC |[ ]  Adult Safeguarding Enquiries  |[ ]
| Insurance Claims  |[ ]  Employment Safeguarding Enquiries |[ ]
| Highways |[ ]  ECC Employment Records |[ ]
| Special Educational Needs |[ ]  Other – please specify in box above |[ ]

‘Other’ please state ………………………………………………………………………………………..

The **timeframe** I am requesting information about is:

From [Date]: To [Date]:

If your request is for a specific record or document, please give details:

If you want to receive emails, please tell us of the names you wish to search for and the timeframe of the communications:

I would like communications from [enter date] ………………until [enter date]…………………..

I would like communications about the data subject between the following ECC staff:

**PLEASE NOTE: We may discuss with the data subject any information which we consider particularly sensitive. If they agree it is sensitive, we may send the response to them rather than you.**

**Part 5 – Disclosure of Information**

We disclose information electronically unless specified otherwise. If you have a disability which prevents you from accessing information electronically please explain below .

**Part 6 – Declaration**

I certify the information provided on this form is true. I agree to supply information required to confirm my identity and the identity of the data subject. I agree to supply information required to help to identify the information I want.

Name ……………………………….. Signature …………………………….. Date ……..........

***Warning - it is illegal to get or attempt to get personal data you are not entitled to. If this is the case you may face prosecution.***

**Email this completed form to**: Transparencyteam@essex.gov.uk with your ID documents.

Alternatively you can post to: Transparency Team, Essex County Council, PO Box 11, County Hall. Chelmsford CM1 1QH.

Data Protection Notice – We will only use this form to handle your request and not keep it longer than is necessary to do so. Full information on how we use personal data can be found at [Privacy and data protection - Essex County Council](https://www.essex.gov.uk/topic/privacy-and-data-protection)