

**Application to receive your Care Records**

**YOU DO NOT HAVE TO USE THIS FORM - you can send the information requested on this form to** transparencyteam@essex.gov.uk

**Part 1 – Your Information**

Title …… Surname ……………………………… First Name(s) …………………………….

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

Please note: If you have changed your name we require evidence of this change showing

your previous and current names unless a key worker can confirm your identity.

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

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

Post Code ………………………… Telephone Number. ………………………………………..

Email Address ……………………………………......................................................................

To prove my identity I provide a copy of the following with my application:

[ ]  Passport [ ]  Driving Licence [ ]  Birth Certificate ☐ Marriage Certificate

[ ]  My Key Worker can confirm my identity

Name of your Key Worker ………………………………………………………………………

Which organisation does your Key Worker work for? ………………………………………..

**Part 2 – 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. Please note accessing your entire records may take some time and it might be that the more information you request the longer it takes to get this information to you.

You may not want to access all the information contained in your records. You can take a flexible approach to accessing your records. You can request some or all of the information in your care record.

Please be aware that other people’s information must remain confidential. This means names of those you were in care with, or names of family may be blanked out, this is called ‘redaction’.

Please tell us what information you would like to receive from your care record by ticking the boxes below:

Pathway/Care/Life Plans [ ]  Looked After Child Reviews [ ]  Assessments [ ]

Personal Education Plan [ ]  Entire Care Record [ ]

Other - please state: …………………………………………………………………………………..............................

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

From (Date): …………………………………To: (Date)…………………………………………

**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. I agree to supply information required to help 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)