

**Application to receive Personal Information**

**held by Essex County Council**

**Part 1 – The Request**

Please complete in **BLOCK CAPITALS**

 I am the person the information is about **if yes, please tick and then complete**

**Parts 3, 4, 5 and 6**

**OR**

 I am acting on behalf of someone else **if yes, please tick and then complete**

**Parts 2, 3, 4, 5 and 6**

**Part 2 – The information requested is about someone else**

 I am the child’s parent and I enclose proof of parental responsibility

 The child is over the age of 12 and I enclose consent to share from the child

**OR**

 I am requesting the information on behalf of someone else and I enclose a consent to share form

 I am the Executor of the Will for the deceased person, and I enclose evidence of this

**Please note:** Deceased Social Care information has an ongoing expectation of confidence. Only limited information can be given to the Executor of the Will.

**Please see guidance sheet for relevant documentation required for the above**

If you are requesting someone else's information, please give **YOUR** details below

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

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

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

**Part 3 – Data Subject - Person that the information relates to**

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

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

Date of birth ………………………….

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

Post Code …………………………

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

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Identification Documents - please select one from each section

Section 1 - **Proof of identification**

 Passport

 Driving Licence

 Other

please state ………………………….

Section 2 – **If** you wish to receive your information by **post** please provide **proof of address**

Bank Statement

 Utility Bill

 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 your information may be in someone else's file. This may be because they are your child or parent. Please tell us the names and dates of birth of the person whose file your information may be in:**

**Please tell us what information you would like to receive, e.g. social care files or a particular record.**

The **timeframe** I am requesting is:

The **information** I am requesting is:

**If you are not requesting social care files please tick the areas you would like us to search below:**

**The timeframe for the information I am requesting is:**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | [ ]   |

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

I want communications about:

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

I would like to access communications about me between the following ECC staff:

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**Part 5 – Disclosure of Information**

We disclose information by email or file share unless specified otherwise. If you have an issue 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 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.

**Send this completed form to**: **Transparency Team**

 **Essex County Council**

 **PO Box 11, County Hall**

 **Chelmsford CM1 1QH.**

 Transparencyteam@essex.gov.uk

Data Protection – 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)