

**Access to Records Application Form**

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| 1. **Your details** | |
| First Name: | |
| Family Name: | |
| Previous Names: | |
| Address:  Postcode: | |
| Phone No: | Date of Birth: |
| **Details of the person whose records are required** | |
| 1. **Details of the person whose records you are requesting (if different from above)** | |
| First Name: | |
| Family Name: | |
| Previous Names: | |
| Address:  Postcode: | |
| Phone No: | Date of Birth: |

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| 1. **Details of records to be accessed** |
| Are you seeking any specific piece of information or documents relating to a particular period of time? **YES / NO**  If YES, give details below: |
| Are these your own records you wish to see? **YES / NO**  If these are not your own records do you have written authority to act for someone else (e.g. letter of Authority, Lasting Power of Attorney)?  **YES / NO**  If YES, please attach your written authority to the application. |
| If you are acting for someone else, please explain why you consider you have the right to act for him/her and for what purpose you require the information. |

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| 1. **Identification details** |
| Please tick to confirm that you have enclosed **two** of the following documents, one of which must be a photographic ID and the other a recent utility bill, pension book, benefits letter or letter of Authority/Lasting Power of Attorney.  **Please do not send original documents – we will accept good photocopies.**  Driving Licence Passport Utility Bill Pension Book  Benefits letter Letter of Authority/LPA |

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| 1. **Declaration** |
| **I understand that I may be asked for additional information to establish my identity or that of whose records I am applying to see.**  **I understand that I may be contacted to provide additional details to help locate the information requested. I give my permission to contact my doctor or Social Worker if this is considered necessary.**  **I understand the Access to Records process will take a maximum of 30 consecutive days to complete.**  If you feel that you have other information that may assist in a speedy access please include it on a separate sheet.  Signed: ............................................................ Date: ................................ |

**Please send your completed form to: Quality Assurance, Nugent, 99 Edge Lane, Liverpool L7 2PE.**