**Subject Access Request Form**

Complete this form to exercise your right of access to personal information controlled by the Children’s Trust. Completing this form will help us locate the information you are seeking and deal with your request with minimal delay.

# Part 1. Details of the Identifiable Person

Surname First Name(s)

Alternative Names

Date of Birth

Current Address

Previous Address

Contact Number

If you are requesting your own personal information, please skip to part 3.

# Part 2. Requesting Information on Behalf of the Identifiable Person

Are you acting on behalf of the Identifiable Person with their written consent or other legal authority? (please tick)

Yes [ ]  No [ ]

Please state your relationship with the Identifiable Person, e.g. parent, guardian, solicitor.

# Part 2. Continued

You may be required to provide proof of legal authority to gain access to the personal information. Proof will vary from nationally accepted identity document, to letter of authority, letter of consent, proof of residence and proof of parental rights etc.

If we require proof, we will contact you.

Details of requester (if not the Identifiable Person)

Surname First Name(s)

Name of Solicitors (if applicable)

Current Address

Would you like the information sent to you or the Identifiable Person?

Me [ ]  Identifiable Person [ ]

# Part 3. Locating Your Personal Information

To enable us locate the information you seek, please provide more detail. If you are unable to do this, please specify the type of information you are seeking in the box titled “Additional Information”.

Department/Service

(if known)

Office Location

(if known)

Dates of contact with

Department/Service

(if known)

Name of Officer(s) (if known)

Additional Information

# Part 4. Declaration

Please read the following declaration carefully and sign and date it.

I, certify that the information provided on this application to Sandwell Children’s Trust is true. I understand that it is necessary for the Trust to confirm the identity of the Identifiable Person and that it may be necessary for the Trust to request more detail from me in-order to locate the requested information.

Signature: Date:

Please return the completed form to the physical or email address below:

Information Governance

Council House

Freeth Street Oldbury

West Midlands B69 3DE

Email: **info\_governance@sandwellchildrenstrust.org**

If you require help completing this form, please contact the Trust’s Information Governance team using the provided email address.