



Rhondda Cynon Taf County Borough Council

Subject Access Request form – On behalf of someone else (Adult/Child)

Please complete all sections using **BLOCK CAPITALS**

Adult

If you are making the request on behalf of another adult, please complete Sections 1, 3, 4 and 5.

Section 1 Details of the person whose information is requested

Title:

Forenames:

Surname:

Date of birth:

Address:

Previous name/address:
(if relevant to the request)

Declaration (to be signed by applicant):

I give my consent for my personal information to be provided to the person acting on my behalf (named below in Section 3):

Applicant's signature..... Date

If the applicant is not capable to give consent but you have authority to act on their behalf (eg Power of attorney), please provide us with evidence of this authority.

Child

Child under the age of 13, the Council will require proof of your Parental Responsibility, please refer to section 4. Parental Responsibility is described as the mother and/or father having the legal rights and responsibilities for a child. Please complete Sections 2, 3, 4 and 5.

It **MUST** be noted that if the Council has any doubts over the suitability of your child (s) information being shared with the parent making the request, we will consult (where appropriate) with Children's Services and/or the other parent.

Child aged 13 and over, we will require the child's authorisation to process your request. They can give this by signing section 3. Should you feel your child is not able to give their consent please contact the Information Management team providing an explanation as to why.

Section 2 Details of the Child, whose information is requested.

| | |
|--|--|
| Title: | <input type="text" value="Master / Miss"/> |
| Forenames: | <input type="text"/> |
| Surname: | <input type="text"/> |
| Date of birth: | <input type="text"/> |
| Address: | <input type="text"/> |
| Previous name/address: (if relevant to the request) | <input type="text"/> |

Section 3 Details of the individual's Representative/Parent/Legal Guardian

| | |
|------------|----------------------|
| Full Name: | <input type="text"/> |
| Address: | <input type="text"/> |

Please provide us with the following details so that we can contact you should we require further information to deal with your request and tick to indicate your preferred method of contact:

| | |
|---------------|----------------------|
| Telephone no: | <input type="text"/> |
|---------------|----------------------|

| | |
|---------|----------------------|
| E-mail: | <input type="text"/> |
|---------|----------------------|

| | | |
|-------------------------------|------------------------------|---------------------------------|
| <input type="checkbox"/> Post | <input type="checkbox"/> Tel | <input type="checkbox"/> E-mail |
|-------------------------------|------------------------------|---------------------------------|

Please describe your relationship to the adult/child, and the reason why you are making this request for their information:

| |
|----------------------|
| <input type="text"/> |
|----------------------|

If the individual is a child under the age of 13, please provide evidence of your parental responsibility, one copy from the following list:

Birth certificate Adoption papers Court Order eg: Parent Responsibility / Special Guardianship / Care / Placement

Declaration (to be signed by the adult /child (aged 13 and over):

I give my consent for my personal information to be provided to the person acting on my behalf (named above):

Applicant's signature..... Date

Section 4 The request

To help us facilitate the request, please describe below what information you require:

To enable us to retrieve the information, please provide us with as much of the following information as you can:-

Do you know which Department holds this information and /or the names of any member of staff that you have had contact with?

Please provide us with any reference numbers that might be relevant eg Council Tax account no :

Any dates that might be relevant:

Any other information that might be relevant to this enquiry:

Section 5 Declaration

To be completed by the individuals representative (where the applicant is not capable of giving consent).

- I certify that the information given on this form is correct.
- I understand that the Council may require further information from me in order to facilitate my request
- I also understand that if the information I am requesting contains information relating to other individuals, the Council may need to contact third parties who may be affected by the disclosure of information.

Signature:.....

Print Name:.....

Date:.....

Returning this form

This form must be completed and returned to:

Information Management Team
Rhondda Cynon Taf CBC
Rhondda Fach Leisure Centre
Tylorstown
CF43 3HR