



Darlington Borough Council Request form

Guidance for applicant

Please complete this form as fully as possible and then return it to:

By post: Data Protection Officer

Darlington Borough Council
Town Hall
Darlington
DL1 5QT

By e-mail: dataprotection@darlington.gov.uk

You can also deliver the form to us by hand by visiting the Town Hall. We do, however, ask that you make an appointment before coming in so that we can make sure that someone is available to see you.

You must also provide proof of identification and proof of address. Please provide a photocopy of **something with a photograph of you**, such as a driving licence, works ID badge or passport. Please also provide a photocopy of **recent correspondence addressed to you**, such as a utility bill or bank statement (you can black out any financial information). If you do not have proof of identification or proof of address, please contact us and we will make alternative arrangements.

You can find more information about requests in our Request Procedure, which is available on our website at:

<http://www.darlington.gov.uk/Generic/dataandfoi/dataprotection/subjectaccess.htm>

Please fill in your details in BLOCK CAPITALS below

Title	
First name	
Last name	
Current address	
Postcode	
E-mail address*	
Home telephone number*	
Mobile telephone number*	

*You do not have to provide us with these details but it will make it easier for us to contact you if we need to discuss your request. We will not pass on your contact details to anyone without your permission.

Are you requesting information about someone other than yourself?

No Yes

If no, please provide the following information about yourself:

Date of birth	
Other names (e.g. your maiden name, adopted name, etc)	
Any reference numbers that you are aware of that the Council may use in relation to you	

It would also be helpful if you could provide the following information (this is optional, you don't have to provide it but may help us find your information if you do):

Your mother's maiden name and	
--------------------------------------	--

any other names she may have been known by	
Names of your siblings	

If you are requesting information about someone other than yourself, please provide the person's details below. Please use BLOCK CAPITALS:

Title	
First name	
Last name	
Current address	
Postcode	
Date of birth	
Other names (e.g. their maiden name, adopted name, etc)	
Any reference numbers that you are aware of that the Council may use in relation to you, e.g. social care case reference number	

If you are requesting information on behalf of a child, do you have parental responsibility?*	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide us with a copy of the child's birth certificate or a copy of your proof of parental responsibility order
If you are requesting information on behalf of an adult, do you have permission to act on their behalf?*	Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide us with evidence, for example, a signed letter giving you permission to act on the individual's behalf or a copy of any legal documentation giving you the power to act on the individual's behalf

*Please note that if you are unable to provide evidence, we may not be able to provide you with the information requested.

Please tell us which services you want us to check for information:

- Children's Social Services
 - Adult Social Services
 - Housing (tenancy files)
 - Housing Benefits
 - Council Tax
 - CCTV*
 - Other (please specify)
-

*If you want access to CCTV footage, we may need a photograph to enable us to identify the footage you want, for example, a recent photograph of you or a photograph of your vehicle, etc. We will let you know if this is the case.

Date range that you would like the information to cover:

If you are able to provide any further information to help us identify what you want, please provide details below:

Please read the following statements and then sign below to confirm that you have understood them and that you are happy with the way we will handle your information.

- We will only use the information that you have provided in this form to process your request.
- We may share the information internally with the services that you have told us you want us to check for information.
- We will not share the information with any other internal services without your permission.
- We will not share the information with any external organisations without your permission.
- We will save a scanned copy of your form in our electronic files.
- We will save either a paper or electronic copy of the information we provide in our files.
- We will delete the information from our files three years after your request is closed.

Signed _____

Date _____

Print name _____