

**Application to receive Personal Information**

**YOU DO NOT HAVE TO USE THIS FORM. You can send the**

**information requested on this form to** transparencyteam@essex.gov.uk

**Part 1 – Your Information**

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

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

Please note: If you have changed your name we require evidence of this change showing your

previous and current names.

Date of birth ……………………………………………………………………………………………..

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

Post Code …………………………

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

To prove my identity I provide a copy of the following with my application:

[ ]  Passport [ ]  Driving Licence [ ]  Birth Certificate [ ]  Other

‘Other’ please state ………………………………………………………………………………………..

**Part 2 – 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 or document.

The **timeframe** I am requesting information about is:

From [Date]: To [Date]:

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

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

‘Other’ please state ………………………………………………………………………………………..

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

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

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

**Part 5 – Disclosure of Information**

We disclose information electronically unless specified otherwise. If you have a disability 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 information required to help 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.*

**Email this completed form to**: Transparencyteam@essex.gov.uk **with your ID documents**

Alternatively you can post to: Transparency Team, Essex County Council, PO Box 11, County Hall. Chelmsford CM1 1QH.

Data Protection Notice – 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)