

Angus Council Social Work and Health  
Access to Personal Social Work Records

ATPR(a)



Request for Access

|                                    |           |
|------------------------------------|-----------|
| Name                               |           |
| Surname                            |           |
| Other names:                       |           |
| Address:                           |           |
|                                    | Postcode: |
| Previous (Angus based) address/es: |           |
|                                    | Postcode: |
| Tel number (inc STD)               |           |
| D.O.B                              |           |

**Please indicate if the records you are seeking are your own or those of your children.  
(You must have parental rights in order to access the records of your children).**

(Please tick)

My own records

My children's records

If it is your children's records please give name(s) and date of birth

| Child's name(s) | D.O.B |
|-----------------|-------|
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Request for Access

Dear Sir/Madam

**Access to personal information kept by Angus Council Social Work and Health**

The reason I wish access is because\*

I am currently/not currently \*\* receiving services from Angus Council Social Work and Health  
(\*\* delete as appropriate)

Name of current worker: \_\_\_\_\_

The information you have provided on this form will be used by Angus Council (the "data controller" for the purposes of the Data Protection Act 1998) in order to provide you with the service you have requested. The information will be held securely by the Council and will be treated as confidential except where the law requires it to be disclosed. The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to check its accuracy, prevent or detect crime, protect public funds or where required by law.

Declaration

I confirm that the information that I have provided is correct to the best of my knowledge and authorise Angus Council to use my information for the above purposes.

Yours faithfully:

Name and signature of person seeking access: \_\_\_\_\_

Date: \_\_\_\_\_

\* You do not have to give a reason, but if you do it will assist the department to ensure that your request is met as fully as possible.

Please return this form to Principal Planning Officer, Directorate Support, Angus Council Social Work and Health, St Margaret's House, Orchard Loan, Orchardbank Business Park, Forfar, DD8 1WS or hand into any Angus Council Social Work office.