|  |  |  |
| --- | --- | --- |
| Glasgow City Health and Social Care Partnership | **Chief Officer** Susanne Millar MA (Hons) CQSW | **Glasgow City Health and Social Care Partnership**Commonwealth House32 Albion StreetGlasgowG1 1LH[www.glasgow.gov.uk](http://www.glasgow.gov.uk)www.nhsggc.org.uk |

**GLASGOW CITY HSCP SOCIAL WORK SERVICES**

**FORM 1 - GUIDANCE FOR DATA SUBJECT ACCESS REQUEST FORM**

**If you wish to make a Data Subject Access Request to Social Work Services you should read this guidance note and then complete the enclosed form.**

When making a Subject Access Request you must:

* supply information to prove who you are (to eliminate risk of unauthorised disclosure)
* provide as much detail as possible regarding the information you wish to access (e.g. where and by whom information is believed to be held, specific details of information required).
* you are not required to state **WHY** you wish to access the information: the details we require are merely those that will aid the efficient location and retrieval of information.

You must provide one proof of identity document (e.g. current full or provisional driving licence, passport, birth certificate) **and** one recent document with proof of address (utility bill, council tax bill, bank statement, P45/P60).

This list is not exhaustive and other forms of identification may be acceptable.  At least one form of identification should contain the same signature that is on your application form or letter and one with a photograph. Please note that the Council will not be able to comply with any requests received unless satisfactory proof of identification is provided. While this is Glasgow City Council policy, we understand that some Social Work clients may be unable to produce the aforementioned proof of identification in some circumstances. Clients in such a position should contact the Complaints, FOI and Investigations Team for advice on what alternative forms of identification they may be able to provide. You can contact the Complaints, FOI and Investigations Team at:

Complaints, FOI and Investigations Team

Business Development

Glasgow City Health and Social Care Partnership

Commonwealth House

32 Albion Street

Glasgow G1 1LH

Email DataProtection@sw.glasgow.gov.uk

If you would prefer to send us copies of your documentation, please provide us with ‘**certified**’ copies. A professional person or someone well respected within your community, such as a solicitor, social worker, doctor, teacher or police officer (they must not be related to you or your partner), can certify documents by doing **all** of the following on each copy of the documents to be certified:

1. writing ‘certified to be a true copy of the original seen by me’ on the document;
2. signing and dating with their name printed underneath the signature;
3. adding in their occupation, address and telephone number.

Once the Council receives a Subject Access Request, all efforts will be made to fully comply within one calendar month of receipt of your request. If we are unable to comply with your request within one calendar month, we will inform you and explain why the extension is necessary.

**GLASGOW CITY HSCP SOCIAL WORK SERVICES**

**FORM 1- DATA SUBJECT ACCESS REQUEST FORM**

|  |
| --- |
| Under The Data Protection Act 2018, you have a right to access data relevant to you. If you wish to access data about someone else then you shall require their written consent, which you must make available to us. You may be committing an offence to seek data about other individuals without their consent.For information on how we process your information, please refer to the privacy statement at the following link: <https://www.glasgow.gov.uk/article/22520/Subject-Access-Request-Privacy-Statement> Please complete this form and return to: **Complaints, FOI and Investigations Team, Glasgow City Health and Social Care Partnership, Commonwealth House, 32 Albion Street, Glasgow G1 1LH** |
|  |
| **Part 1 Personal Details - *we may make additional checks to verify your identity.*** |
| **Name:** |
| **Present Address:****Postcode:** |
| **Telephone number:** | **Date of Birth:** |
| **Length of time at this address:** |
| **If less than two years, please provide previous address:** |
|  |
|  |
| **Part 2 The Data you wish to Access**Please give us details of all the personal data you would like to access in the box provided below. If you are looking for information about a particular period of time or circumstances in which you dealt with Social Work Services, please state the dates or circumstances you are interested in.**We ask that you be as specific as possible**. |
| Sometimes information for an individual is held in a ‘family file’, therefore it may help us to locate information held about you if you provide the **names and dates of birth** of any siblings in the space below.  If you have lived at different addresses **during the period in question**, please provide details of those previous addresses below:Please give details of the Social Work Services office, Project, Residential Home or Day Centre that you have most contact with at present, any others you can remember dealing with during the period in question, and the names of any staff you can remember dealing with: |
| Any additional information which may help us find your personal data:**Please provide details of any reference numbers that will assist us to locate the information you require.** |
| **Part 3 Declaration** |
| **Declaration:****I request access to the personal data indicated above and have enclosed the required 2 proofs of identification.****I confirm that I am the Data Subject and am not acting on behalf of someone else**. |
|  | Signed: | Date |  |
| This section to be completed by persons other than the Data Subject, and acting on behalf of the Data Subject: |
| Declaration:I confirm that I am acting on behalf of the data subject and have submitted proof of my identity and authority to receive this data: |
| Name: |
| Present Address: |
|  | Signed: | Date |  |
|  |
| OFFICE USE ONLY:ACCESS REQUEST AUTHORISED: YES / NOSIGNED:DATE: | REASON IF REFUSED: |