|  |
| --- |
| **Your Details** |
| Current Name |       |
| Birth Name  |       |
| Address |       |
|       |
|       |
| Postcode |       |
| Telephone number |       |       |
| Can we leave a message on this number? [ ]  Yes [ ]  No  |
| Mobile telephone number |       | \*optional |
| Can we leave a message on this number? [ ]  Yes [ ]  No  |
| e-mail address |       | \*optional |

**I am enquiring about:** [ ]  **My records** [ ]  **A birth relative’s records**

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| **Evidence of Identity** |
| We take your privacy seriously, therefore we need to request identification from you before we can undertake a search of our records.Please enclose: [ ]  A copy of your birth certificate **and**[ ]  A copy of **one** of the following * Drivers licence
* Recent utility bill
* Bank statement
* Passport

If you are requesting records on behalf of a birth relative please also enclose:[ ]  Signed letter of consent from the relative **and** [ ]  Two forms of identification as noted above **or**[ ]  Copy death certificate if deceased  |

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| **Details for Tracing** |
| Name of person you wish to trace |       |
| His/her date of birth (if known) |       |
| Mother’s Firstname |       |
| Mother’s Surname |       |
| Father’s Firstname |       |
| Father’s Surname |       |
| Address(es) during the date(s) of contact (if known) |       |
| Approximate date(s) of contact (if known) |       |
| Children 1st/RSSPCC Project/Office (if known)? |       |
| Please supply any additional information you consider may be helpful (please continue on a separate sheet if required) |
|       |

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| **If you have appointed someone to act on your behalf, please provide us with their contact details in the box below.** Where a Power of Attorney (POA) is in place, a copy of this **must** also be provided. |
| Name |       |
| Correspondence address |       |
| Position in organisation(if applicable) |       |
| Email address |       |
| Telephone number |       |

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| **Enquirer’s (or Power of Attorney’s) declaration of consent**I hereby give consent for a search to be made of any records relating to me held by Children 1st, and for this information to be provided to me or to my authorised representative. |
| Signature:  |       |
| Date: |       |
| Power of Attorney attached (if applicable) [ ]  Yes [ ]  No  |

Please return this form and any supporting documentation by post to **Subject Access Requests, Children 1st, 83 Whitehouse Loan, Edinburgh, EH9 1AT** marking the envelope ‘Private and Confidential’.

If you need help to complete this form, would like us send a blank one in the post to you, or for more information about Children 1st’s policy of access to records, please contact us at the above address on **0131 446 2300**.