

Request for Access to Staff Records

Section 1- Details of the Record to be accessed	
1. Full name of Staff member (Mr/Mrs/Miss/Ms)	2. Date of Birth
Surname	3. Current Address (home)
Forename	
Any former names	Postcode
Section 2 Details of Records to be Accessed	
<input type="checkbox"/> records dated from/to:	<input type="checkbox"/> records relating to the following event
<input type="checkbox"/> All records except those relating to the following event.	<input type="checkbox"/> All information contained on my staff records
Section 3 – to view or receive a copy of your staff record	
I am applying for access to view my staff record(s)	
I am applying for copies of my staff record(s)	

Section 4 - Declaration

I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the staff record referred to above, under the terms of the Data Protection Act (1998).

- ☐ I am the staff member
☐ I have been asked to act by the staff member and attach the staff member's written authorisation.

.....

I am aware that a charge may be payable (£10.00 for electronic copy). [Note: The maximum charge is £10.00 and NO fee will be payable if the record is being viewed and copies are not being made].

Signed **Date**

Please Note:

- It may be necessary to provide evidence of identity (i.e. Driving License).
- If there is any doubt about the applicant's identity or entitlement, information may not be released.
- You will be informed if this is the case

Official Use Only:

Pre-processing check

- ☐ Sufficient details to process application [date] / / Signed:
‘NO’: Letter sent to seek further information [date]: / / Signed:
☐ Proceed

NOTE:

Information must be provided within 40 days of receipt of the completed application

Administration Fee

- ☐ (£10.00) received / not appropriate / to be charged
Signed Date

Processing of request

Name of HR Manager:

- ☐ Correspondence sent / contacted [date]: Signed:

Outcome: ☐ Appointment to be made with HR contact

made for [date]: at [time]: Initials:

- ☐ Supervised Appointment to be made with:

made for [date]: at [time]: Initials:

- ☐ Copies of notes to be sent

- ☐ Applicant advised of outcome [date]: Signed:

Processing Application:

Access provided on [date] / /

Further Action: Corrections requested Yes / No

Copies provided Yes / No Copying fee (£.....) Yes / No

Comments:

Copy of notes: ☐ made [date] / / Signed:

Copying fee: £ P & P: £ Total: £

- ☐ sent [date] / / Signed:

☐ Finance Advised [date] / / Signed:

☐ Fee received [date] / / Signed:

Please send this document to the organisation's HR department.