|  |  |  |
| --- | --- | --- |
| **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**

|  |
| --- |
| **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 |

|  |  |
| --- | --- |
| **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) | |
|  | |

|  |  |
| --- | --- |
| **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 |  |

|  |  |
| --- | --- |
| **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**.