**Section 1 Particulars of the person whose information is requested**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Surname |  |
| Maiden Name |  | Forename(s) |  |
| Date of Birth |  | Sex | Male/Female |
| Address |  |
| Postcode |  | Contact Number |  |

If the name and/or address were different from the above during the period(s) to which your application relates, please give details:

|  |  |
| --- | --- |
| Previous Name(s) |  |
| Previous Addresses  |  |
| Date(s) From/to |  |

**Section 2 Requested information**

Please provide as much information as possible below

|  |  |
| --- | --- |
| Identification Number (if known) ie Hospital Number/Employee Number |  |
| Department/Service holding the information (if known) |  |
| Approximate dates of the information requested |  |
| I want to arrange a viewing of the requested information  |  |
| Any other details/information that may assist with your request |
|  |

**Section 3 Applying on behalf of someone**

Please complete the table below

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Surname |  |
| Maiden Name |  | Forename(s) |  |
| Address |  |
| Postcode |  | Contact Number |  |
| I am the Parent/Guardian - under 13yrs(Copy of birth certificate)   [ ]  | I have written authority – please attach a copy  [ ]  | I have lasting Power of Attorney (Health & Welfare) – please attach a copy [ ]  |
| Other (please state) |

**Section 4 Confirming your Identity & Address**

As an organisation we take the confidentiality and security of your information very seriously so we need to make sure we are only releasing information to the person it belongs to, or someone who is authorised to act on their behalf. To help us make certain we are doing this we ask that you provide documentation confirming your name and address.

The Trust cannot be held liable for any items lost in the post we would suggest that any confidential documents are sent via Recorded Delivery.

**Section 5 Delivery**

Unless otherwise agreed all information will be sent via Royal Mail Recorded Delivery.

**Section 6 Declarations**

I declare that the information provided by me is correct to the best of my knowledge and that I am legally entitled to apply for access to the information I have requested.

Any information disclosed to me under Section 3 will be treated confidentially and with the utmost respect. Any subsequent release to a third party will only be made with the express consent of the person named in Section 1 or in that person’s best interests. I undertake to pay any fees where applicable.

Name: Signature:

Date:

**Where to send your request**

Disclosure Section, Health Records Department, Queen Elizabeth Hospital, Queen Elizabeth Avenue, Sheriff Hill, Gateshead NE9 6SX