

**Rosebank Health**
**Application on behalf of a Child for Medical Records**

Access to Health Records under the Data Protection Act 2018

**Please complete in Block Capitals**

1a)	Full name of patient (including previous surnames)	
b)	Address now	
c)	Address at start of treatment	
d)	Date of birth	
e)	Trust reference (if available) for example, GO, EGT or PSY number	
f)	NHS number (if available)	
2	This application is made because I am:	
a)	considering a complaint / claim against your Trust as detailed in box 7	YES / NO
b)	considering pursuing action against someone else	YES / NO
c)	would like to retain copies for my own personal use and am <b>not</b> considering either a complaint or claim against the Practice	YES / NO
3	Health Care Professional primarily responsible for the care	
4	Place(s) where treatment was received	
5	Dates for which I am requesting records	
6	A description of the treatment received	

7	If the answer to question 2a is "Yes" please provide details of	
a)	the likely nature of the claim	
b)	the grounds for the claim	
c)	approximate dates of the events involved	
d)	the names of the proposed defendant e.g. Hospital, NHS Trust etc.	
8	I am aware that under the Data Protection Act a fee for reasonable copying charges and a reasonable administration/access fee is payable. I am aware that this fee will not exceed £50.00.	YES / NO
9a)	I wish to view the above records	YES / NO
b)	I wish to receive copies of the above records	YES / NO
c)	I request prior details of the charges	YES / NO
11	Any other relevant information, particular requirements, or any particular documents <u>not</u> required (for example, copies of computerised records)	
12	Name of applicant	
13	Address of applicant	
14	Relationship of applicant to patient	

### Declaration

I declare that:

- the information given in this form is correct to the best of my knowledge;
- I am the person named in sections 13, 14 and 15; and
- I have parental responsibility for the patient.

Signed..... Dated.....

### Countersignature

I (insert full name).....  
certify that the applicant (insert name).....  
has been known personally to me as a .....(insert in what capacity, for example  
as an employee, client, patient etc ) for .....years and that I have witnessed the  
signing of the above declaration.

Signed..... Dated.....

Address.....