# Request in order to support safeguarding under a legal duty/public function

**1. Requestor**

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| --- | --- | --- | --- |
| **First name(s):** |  | **Last name:** |  |
| **Job Title:** |  |
| **Organisation:** |  |
| **Address:** |  |
| **Postcode:** |  | **Telephone:** |  |
| **Email:** |  |

**2. Data subject (if known)**

**Current details**

|  |  |  |  |
| --- | --- | --- | --- |
| **First name(s):** |  | **Last name:** |  |
| **Address:** |  |

**Other identifying information**

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**3. Specific information required**

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**4. Reason for requesting disclosure**

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**5.** **Purpose**

I confirm the purpose for requesting disclosure of personal information about the data subject (specified in section 2 of this form if known) is to comply with a legal duty under the following legislation:-

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**How is providing the information necessary to the above? In particular, why are you unable to proceed with the information you already hold?**

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**6. Information provision**

If we hold information how would you like the information to be provided?

[ ]  Electronically via secure email

[ ]  Collection in person (Proof of identification required when collecting)

We will notify you if we do not hold information or your request for disclosure is refused

**7. Please explain what other avenues you have tried in order to obtain or verify the information. In particular, explain why you have been unable to source it from the data subject themselves.**

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**8. Declaration and authorisation**

The authorising officer must be of the rank of police inspector or higher, or for other bodies a senior officer/manager.

**Declaration**

I certify that:

* Information requested is compatible with the stated purpose (section 5) and will not be used in anyway incompatible with that purpose
* I understand information given on this form is correct
* I understand that if any information given on this form is incorrect, I may be committing an offence under Section 170 Data Protection Act 2018 and be liable to prosecution.

**Requestor**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

**Authorising Officer**

|  |  |  |  |
| --- | --- | --- | --- |
| **First name:** |  | **Last name:** |  |
| **Job title:** |  |
| **Signed:** |  | **Date:** |  |

**Where to send your request**

Please note: If the form has not been fully or properly completed and authorised you will be asked to re-submit your application.

Send this form to:

**Email: Legalinformationgovernance@wigan.gov.uk**