# Schedule 2 Part 1 Para. 5 Data Protection Act 2018

**1. Requestor**

|  |  |  |  |
| --- | --- | --- | --- |
| **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:** |  | | |
| **Previous Address:** |  | | |
| **Date of Birth:** |  | | |

**Other identifying information**

|  |
| --- |
|  |

**3. Specific information required**

|  |
| --- |
|  |

**4. Reason for requesting disclosure**

|  |
| --- |
|  |

**5.** **Purpose**

State the purpose for requesting disclosure of personal information about the data subject (specified in section 2 of this form if known).

Select ONE option (that best fits)

for the purpose of or in connection with current legal proceedings –please provide a court reference here [ ]

for the purpose of or in connection with proposed legal proceedings –please confirm what initial pre-action steps have been taken:-

|  |
| --- |
|  |

for the purpose of establishing, exercising or defending legal rights –please confirm the legislation under which these rights exist:-

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**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 or obtain their consent.**

|  |
| --- |
|  |

**8. Declaration and authorisation**

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

**Declaration**

I certify that:

* Information requested is compatible with the stated purpose (section 4) 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**

**Postal address:**

Information Governance Team

Wigan Council

First Floor

Town Hall

Library Street

WIGAN

WN1 1YN