



Participant Request to Access Personal Information Form – C13

Full name:

Postal address:

Date of birth:

Telephone:

Mobile:

Email:

Proof of identity in seeking access to your personal information, you must provide proof of identify in the form of one of the following:

- Driver's licence
- Passport
- Birth certificate
- Other (please specify)

I am seeking my own personal information; or I am acting as an advocate for a participant who has consented to my acting as their advocate

You must complete Consent to Release Requested Personal Information (page 2 of this form)

Details of information sought

I am seeking access to the following information held by GROW: (complete information on a separate page if necessary)

.....
.....
.....
.....

..... I am seeking the above information for the period: from.....
to.....

Signature and declaration

I declare that the information I have provided on this form is true and correct

Participant's signature:

Date:



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I (agent) have attached proof of my identity in the form of a current copy of:

- Driver's license Passport Birth certificate Other (please specify)

Consent to Release Requested Personal Information

I (Name)

..... give

GROW authority to release information so requested, to my advocate

(Name of advocate)

and to make necessary enquiries to access information which is held by GROW.

Advocate's phone:

Advocate's email:

Advocate's postal address:

Participant's signature:

Date:

Approvals

Date of approval: 30th January 2020

Date of review: January 2021

Signature of Operations Manager: