

S.O.S.A
SHIRLEY OAKS
SURVIVORS
ASSOCIATION

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Dear

Re: CARE FILE REQUEST

Please sign and complete the enclosed letter. You will need to send the letter back with the following:

1. **PHOTOCOPY** of photo ID with **Passport** or **Driving License**
2. **PHOTOCOPY** of a recent **bill** (not older than 3 months)
3. If your name has changed since being in care either by marriage or deed poll you will need to send a photocopy of your **marriage certificate** or **legal document for deed poll**.

Please send back to all documents in the enveloped enclosed.

Regards

Lucia

Dear Lambeth Council,

Letter of Authority for SOSA to obtain a copy of my Lambeth Children's Services Records

NAME: (Please insert your name as it was when you were in care)

DOB: _____

I confirm that I authorise Lucia Hinton of Shirley Oaks Survivors Association to apply for a copy of my records, detailing my time in Lambeth's care under the Data Protection Act 1998.

I have enclosed photographic ID of myself.

I consent to all communications regarding my request to be sent to SOSA.

I also consent to Lucia Hinton of SOSA being provided with a copy of my records and understand that my records will then be provided to me directly by SOSA.

I understand that my records may or may not contain some, or all, of the following:

- Reports about me and my family during my childhood and during my time in care;
- Running records of my time in care;
- Specialist assessments of me and/or my family; for example, medical, mental health or criminal reports;
- Incidents and issues of a sensitive nature.

Please contact Lucia Hinton when my records are ready for collection.

CURRENT NAME IN CAPITALS: _____

SIGNATURE: _____

DATE: _____