**ANNEX A**

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| **(to be completed by the applicant)**  **REQUEST FOR CONFIRMATION OF IN CARE STATUS**  **ADVANCE PAYMENT SCHEME: REDRESS FOR HISTORICAL CHILDHOOD ABUSE IN CARE** |

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| --- | --- | --- | --- |
| To: | **Chief Social Work Officer** |  | (insert name of council) |

I wish to apply to the Scottish Government’s Advance Payment Scheme and require confirmation that I was in care as a child in Scotland before 2004. Please check for any records you may have using my personal details below. If you have a record please provide me with a signed letter in duplicate confirming this.

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Signature |  |  |
| Date |  |  |

|  |  |
| --- | --- |
| **First name** |  |
| **Last name (and any previous name if relevant)** |  |
| **Contact address (include postcode)** |  |
| **Date of birth (e.g. 01/01/1949)** |  |
| **Telephone/email** |  |

Please provide as much information as you can about where you were in care to help the Local Authority look for your records. We understand you may not have exact dates or locations.

|  |  |  |
| --- | --- | --- |
| **Names of place(s) in care** | **Approximate dates** | **Locations/other details** |
|  |  |  |
|  |  |  |
|  |  |  |

If you can remember any other relevant names that may help with the search for records, please detail these below. This might include siblings that were placed with you and/or parent’s names

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Any additional information/details** |
|  |  |  |
|  |  |  |
|  |  |  |

If you can remember, before you were in care where did you reside? This might help us signpost you to another local authority if we aren’t able to find records.

|  |  |  |
| --- | --- | --- |
| **Address/Area** | **Approximate dates** | **Locations/other details** |
|  |  |  |

I hereby agree to the processing of my personal sensitive data as provided for the purpose of confirming I was in care in Scotland before December 2004 and the sharing of that information with the Scottish Government Advance Payment Scheme, where appropriate or necessary.

**I do/do not consent to the sharing of my data (please delete as appropriate)**

**Signature of applicant …………………………………………………………………**