

Test Institution

Date 25/03/2026

61 Macclesfield Road
Hazel Grove
Stockport
SK76BG

Ref: 100001

Subject: Data Subject Access Request under Article 15 UK GDPR and Section 45 DPA 2018

Client Name: Ms Sd Sdf

Date of Birth: 16/04/1978

Also Known As:

Institution / Care Setting:

Stanton-Hansen

Approximate Dates of Placement:

Stanton-Hansen: test

Dear Sir/Madam,

We act on behalf of the above-named client, who was placed in residential care at the institution(s) referenced above during the approximate period stated.

This request is made under Article 15 of the UK General Data Protection Regulation and Section 45 of the Data Protection Act 2018.

Scope of Request

We request disclosure of all personal data held in relation to our client, across all systems and formats, including but not limited to:

Admission and discharge records

Full placement history, including transfers between care settings

Social work records, case files, and assessments

Daily logs, key worker notes, and case notes

Incident reports, safeguarding records, and protection referrals

Correspondence between staff, local authorities, and external agencies
Records shared with or held by third-party care providers acting on your behalf
Medical, psychological, or educational records held within the care file
Photographs or other documentation relating to our client's time in care
Records identifying staff members and roles involved in their care

Historical and Archived Records

Given the historical nature of this request, we require that all reasonable and proportionate searches are undertaken, including:

Archived and off-site storage

Legacy systems, including paper, microfiche, and scanned records

Records held under previous authority names, reorganisations, or successor bodies

Records held by contracted, private, or voluntary sector care providers commissioned by your authority

Placement and Authority Clarification

Where records indicate placement in additional care settings, we request:

Details of those institutions

Dates of placement

The commissioning or responsible authority

This information is required to ensure a complete and accurate record of our client's time in care.

Format of Disclosure

Please provide the information in electronic format where possible. Where records exist only in non-digital formats, scanned copies will be acceptable.

Enclosures

We enclose:

Signed authority from our client

Proof of identity

Should you require any further information to process this request, please advise promptly.

Statutory Timeframe

We expect a response within the statutory one calendar month period. If you require an extension, please confirm this in writing with full justification.

Non-Holding of Data

Details of any organisation believed to hold the data, including successor or archive bodies where applicable

Yours faithfully,

Investigations Team

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