Renfrewshire Council

Date 25/08/2026

No address on record

Our Ref: DSAR-20260825-2F527C
Client Ref: 101219

Subject: Data Subject Access Request under Article 15 UK GDPR and Section 45 DPA 2018 - Our Reference: 101219

Client Name: Mr Robert Mcfarlane Alexander
Client Address: 13A Montgomerie Street, Ardrossan, Scotland, KA22 8EG
Client Reference: 101219
Date of Birth: 10/03/1980
Name in Care:
Previous Address: Darg Road, Stevenston, Scotland, KA20 3AY
Parents Names: Mother: Catherine Callaghan - Father: Robert Alexander

Dear Sir/Madam,

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

Approximate Dates of Placement:
Newfield Assessment Centre: 1991-1992
Redbrae Children's Home: 1992-1996

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
Case conference notes, reviews, and internal assessments
Complaints, investigations, and outcomes
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
If your organisation does not hold the requested data, we require:

Formal written confirmation of this position
Details of any organisation believed to hold the data, including successor or archive bodies where applicable

Service of Documents
We only accept service of documents via email at evidence@inslaw.co.uk. Should you for any reason be unable to send documents to the above email, please notify us via the same email imminently.

Yours faithfully,

James Taylor
Investigations Team
INS Law
E: evidence@inslaw.co.uk
T: +441618880834

Universal Credit

HEALTH ASSESSMENT ADVISORY SERVICE

01241 000584 0003 E 06900 H52

Mr Robert Alexander
13A
MONTGOMERIE STREET
ARDROSSAN
ARDROSSAN
KA22 8EG

40540

06900/3

Office address: GLASGOW BSC UC
MAIL HANDLING SITE A
WOLVERHAMPTON
WV98 2HG

www.gov.uk/universal-credit

Telephone: **0800 328 5644**

Textphone: **0800 328 1344**

If you contact us, use this reference: **JK563786C**

Date: **11th August 2026**

Dear Mr Alexander,

Please fill in this questionnaire and send it to the Health Assessment Advisory Service by 11th September 2026.

We have sent you a questionnaire with this letter. This questionnaire lets you tell us about how your illness or disability affects you. The information you provide will tell us about your health problems, including any mental health problems. Your answers will help us to assess your capability for work, and helps a Department for Work and Pensions Decision Maker decide if you are receiving the right amount of Universal Credit.

What you need to do now

Please fill in the questionnaire. Use the envelope that came with this letter. Please return it by **11th September 2026**. You will need to allow a few days for the questionnaire to arrive. **Your Universal Credit payments may be affected if you don't return the questionnaire by this date.**

You can contact Universal Credit on **0800 328 5644** or via Textphone on **0800 328 1344** by using the journal in your Universal Credit online account if you need another copy of the questionnaire.

You can send **copies of medical documents** with the questionnaire to support what you say, for example: medical reports from your doctor, consultant or support worker. Make sure you only send copies of your medical documents to us, you will need to keep the originals. Don't pay for additional medical evidence, only send copies of what you already have.

Please do not send **medical statements** with your questionnaire. This includes medical certificates, doctor's statements or a Statement of Fitness for Work (also known as a sick note). Instead, send any medical statements to Universal Credit.

If you need help you can

- ask someone you know, for example a friend or relative, to help you fill in the questionnaire
- phone **0800 328 5644** or Textphone **0800 328 1344** to

- speak to an adviser on the phone. If an adviser can fill in the form for you on the phone, they will write down exactly what you tell them. Then they will send you the form to check, sign and send to our the Health Assessment Advisory Service. You will need to tell us that you agree if you want a friend or relative to speak to the adviser for you.

- use the journal in your Universal Credit online account to ask questions

Letter of Authority

Autorisation to Act in Relation to Data Subject Access Requests

Full Name	Robert Alexander
Date of Birth	10/03/1980
Previous Names (if any)	
Current Address	13A Montgomerie Street Ardrossan Scotland KA22 8EG
Previous Address (relevant to care placements)	Darg Road Stevenston Scotland KA203AY
Mothers Name:	Catherine Callaghan
Fathers Name:	Robert Alexander

Authorised Representative

Firm Name	INS Law
Address	Building B, 23 Goodlass Road, Speke, Liverpool, England, L24 9HJ
Email	evidence@inslaw.co.uk
Telephone	0161 888 0830
Matter Reference	101219

Dear Sir/Madam,

I, Robert Alexander , confirm that I have instructed INS Law to act on my behalf in relation to the exercise of my data protection rights, including my right of access under the UK General Data Protection Regulations and the Data Protection Act 2018. This authority is provided specifically in relation to my application to The Scottish Redress Scheme, providing authority to INS Law to obtain any and all information they deem necessary to progress my application.

I authorise INS Law, including its partners, directions, employees, consultants, agents, and authorised representatives, to:

1. Prepare, submit, and pursue Data Subject Access Requests on my behalf;
2. Correspond with you and communicate with you on my behalf in relation to any Data Subject Access Request or associated data protection matter;
3. Request confirmation as to whether you process my personal data;
4. Request access to, and copies of, my personal data and any supplementary information to which I am entitled under applicable data protection law;
5. Request information concerning the purposes of processing, categories of personal data processed, recipients or categories of recipients, retention periods, sources of data, and any automated decision-making or profiling, where applicable;
6. Provide, confirm, or clarify information reasonably required to identify me and locate my personal data;
7. Receive correspondence, disclosures, copies of personal data, explanations, schedules, electronic files, paper records, and any other response or material provided in connection with the request;
8. Correspondence with you regarding the scope, timing, format, completeness, or adequacy of any response;
9. Raise queries, challenge omissions, request clarification, request further searches, and pursue follow-up correspondence where necessary; and
10. Where appropriate, assist me in making complaints or representations to the Information Commissioner's Office or in taking any further steps arising from your response or failure to respond.

This authority applies to personal data held by you in any form, including paper records, electronic records, correspondence notes, call recordings, account records, internal records, case files, databases, emails, messages, audio recordings, CCTV footage, and any other records continuing my personal data.

This authority extends to all personal data concerning me that you hold.

I request all correspondence and disclosure materials relating to any Data Subject Access Request be sent directly to INS Law using the contact details above, quoting reference

I further authorise INS Law to disclose any records, personal data, special category personal data, witness statements and application materials obtained on my behalf to independent Scottish solicitors or legal advisers where reasonably required for the purpose of advising me on any offer, award, review, reconsideration or statutory waiver under the Scottish Redress Scheme.

This authority remains valid from the date of signature, unless revoked by me in writing.

Signature	Robert Alexander
Print Name	Robert Alexander
Date	29/07/2026

Certificate of Authenticity

Fintrixor — electronic signature record

Certificate ID	**01KYPY65B2GXJQBQN3TVGPM1FM**
Document ID	**01KYPXGG03CPHYQ0ZR9B75SR44**
SHA-256 Document Hash	**8a7b8813974edc66d820b1389c7e6ac26dfcf1ed2c2aa6f01c6801b073b17467**
Recipient Name	**Mr Robert Mcfarlane Alexander**
Recipient Email	**boab1980.1690@gmail.com**
Signing Timestamp (UTC)	**2026-07-29 12:39:28**
IP Address	**148.252.146.63**
Browser	**Chrome on Android**

Signing Consent & Review

Document opened	**2026-07-29 12:30:33 UTC**
Document reviewed (scrolled through)	**2026-07-29 12:34:38 UTC**
Consent confirmed	**2026-07-29 12:39:28 UTC from 148.252.146.63**

Statement confirmed: “I confirm that my electronic signature is legally binding and has the same legal effect as a handwritten signature.”

Audit Trail

Event	Timestamp (UTC)	IP Address	Browser
Document created	**2026-07-29 12:27:38**	**45.145.101.64**	**Unknown browser**
Document sent to recipient	**2026-07-29 12:27:49**	**45.145.101.64**	**Unknown browser**
Document opened by recipient	**2026-07-29 12:30:33**	**148.252.146.63**	**Chrome**
Document reviewed (scrolled through)	**2026-07-29 12:34:38**	**148.252.146.63**	**Chrome**
Document opened by recipient	**2026-07-29 12:36:32**	**148.252.146.63**	**Chrome**
Legally-binding consent confirmed	**2026-07-29 12:39:28**	**148.252.146.63**	**Chrome**
Document signed	**2026-07-29 12:39:28**	**148.252.146.63**	**Chrome**

Verify this certificate at https://esign.fintrixor.co.uk/verify/01KYPY65B2GXJQBQN3TVGPM1FM