

ACL Request or Amendment

Section One

Name of child:	
One ID:	
Name and role of person requesting/amending/removing ACL (Please see the guidance notes for further information about which roles can authorise ACL. Without appropriate authorisation this request will not be actioned)	

Section Two

What Action are you Requesting?	
ACL to be applied (complete sections three and four)	
ACL be amended ie to enable additional staff to access the record or prevent staff from being able to access the record. (complete section five)	
ACL be removed (complete section six)	

Section Three

ONLY COMPLETE THIS SECTION IF YOU ARE REQUESTING ACL TO BE APPLIED

Reason for ACL to be applied (tick all those that apply)	
A staff member is a service user/subject or part of family linked to referral/open case	
Pre-Adoptive case, limited access	
Adoption record	
Serious Case Review/child death	
LADO allegation	
High profile case / media interest	
High Profile Citizen	
Person subject to legal processes e.g. witness protection	

Other, please specify in reason for request	
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Section Four

ONLY COMPLETE THIS SECTION IF YOU ARE REQUESTING ACL TO BE APPLIED

Reason for record to be locked down:

Section Five

ONLY COMPLETE THIS SECTION IF YOU ARE REQUESTING ACL TO BE AMENDED

Give details regarding how you wish ACL to be amended and details of who will now have access to this record/who will now be denied access to this record:

Section Six

ONLY COMPLETE THIS SECTION IF YOU ARE REQUESTING ACL TO BE REMOVED

Details of why ACL should be removed from this record: