



Access to Care Records Request

Please complete and submit this electronic form. Please note we also need to receive copies of relevant identification which can be scanned or posted to us

Correspondence address:
Diagrama Fostering & Adoption
Suite 20
3-8 Revenge Road
Chatham
ME5 8UD

Please complete the following table if you were in our care, the care of former Cabrini Children's Society or in one of their residential establishments.

| | |
|---|--|
| Name | |
| Previous names | |
| DOB | |
| Address | |
| Telephone | |
| Email | |
| Name of residential establishment or former Child Migrant | |
| Dates in care | |
| Information sought: | |

Signed:

**if the form is completed online, it is acceptable to type a signature*

Date:

Please send copies of the following ID to verify your identity and address – we are unable to proceed without checking your identification. Please also include any documents that would evidence any name changes.

Please return all documents within a month of enquiry date to ensure received document are dated within the correct time frame. This will avoid your enquiry being closed due to inactivity. You should receive a response within two weeks after submission.

A copy of **one** of the following:

Photo Driving Licence
Passport
Birth Certificate
Adoption Certificate

Plus **one** of the following:

A copy of a utility bill (Gas, Electric, Water), Bank Statement, which shows your current address (dated within 3 months)