East Dunbartonshire
Health & Social Care Partnership

sustainable thriving achieving
East Dunbartonshire Council
www.eastdunbarton.gov.uk

RESTRICTED ACCESS REQUEST FORM

CUSTOMER DETAILS
(A Separate Form Is Required For Family Members)

Name:	Carefirst ID:	Are They Part of a Family of Restrictions:

WORKER / TEAM MANAGER REQUESTING RESTRICTED ACCESS

Name:	Carefirst ID:	Date of Request:

CATEGORY OF RESTRICTED ACCESS (ONLY ONE CATEGORY CAN BE CHOSEN)

Customer is an Employee	☐	Customer is an Immediate Relative of an Employee	☐
Elected Member	☐	Customer is an Immediate Relative of an Elected Member	☐
High Profile Case	☐	Witness Protection	☐
At Customer's Request	☐	Subject to Investigation	☐

REASON FOR RESTRICTED ACCESS

Provide FULL details of why you want this record to be Restricted. For Example - if customer is an Employee or Relative of Employee – please detail their names, relationship and where they are based, team they work for etc:

I confirm that I have checked the **Network** for other Workers/Teams who may also be involved with the customer.	☐

WHO IS TO BE GRANTED ACCESS TO THE RECORD
Head's of Service, Team Managers and Shared Service Staff **MUST** also be listed below if they require access to the record for business purposes.

Name	Designation	Carefirst ID

TEAM MANAGER APPROVING RESTRICTED ACCESS REQUEST

Name:	Date of Approval:

I confirm that I have made the necessary arrangements for the hardcopy Casefile(s) to be made secure and the only employees granted access are detailed above. (This refers to Unit 10 @ Kilsyth Road and Iron Mountain)	☐

FORM MUST BE AUTHORISED BY THE APPROPRIATE SERVICE MANAGER FOR YOUR AREA:

Children and Families - (Suzanne Grieg & Raymond Walsh)
Justice Service -   (Alex O'Donnell)
Adult Services -   (Richard Murphy / Stephen McDonald – Interim Measure)
Older People Services - (Stephen McDonald)

Authorised By:	Designation:
Date Authorised:	

PLEASE **EMAIL** THE AUTHORISED FORM TO: The "Carefirst Team" Mailbox

Last Upated: 9th April 2020

East Dunbartonshire
Health & Social Care Partnership

sustainable thriving achieving
East Dunbartonshire Council
www.eastdunbarton.gov.uk

OFFICIAL USE - TO BE COMPLETED BY CAREFIRST TEAM ONLY		
I confirm that I have added the Restricted Category.	☐	Date:
I confirm that I have added the relevant Staff Members who have been granted access.	☐	Date:
I confirm that I have added the "**Restricted – see notes for who has Access**" Warning	☐	Date:
I confirm that I have added a "**Restricted Access**" Observation detailing the Restriction Request.	☐	Date:
I confirm that I have saved this Form securely within the appropriate Carefirst File Path (**H/Restrict/Carefirst/RESTRICTED ACCESS FORMS).**	☐	Date:
I confirm that I have saved the Email Requesting Restriction within the appropriate Carefirst File Path (**H/Restrict/Carefirst/RESTRICTED ACCESS FORMS)**.	☐	Date:
I confirm that I have emailed the relevant Workers/Managers advising that the Restriction has been put in place.	☐	Date:
Processed by: Designation:		Date: