

North Ayrshire Council

Date 13/04/2026

Irvine

KA12 8EE

Ref: 100202

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

Client Name: Ms Tonie Marie Cullen

Client Address: 2 Shiel Place, Irvine, KA129NG

Client Reference: #100202

Date of Birth: 11/12/1991

Also Known As:

Name in Care:

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:

Foster Care Glasgow Council: 2002-2006

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@mmalegal.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,

Investigations Team

MMA Legal

E: evidence@mmalegal.co.uk

T: 0161 563 0816

DEED OF AUTHORITY & CONSENT

THIS DEED is made on the date of signature below by (the “Client”)	
Full Name:	
Date of Birth:	
Previous Names (if any):	
Current Address:	

Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

IN FAVOUR OF (the “Representative”)	
Firm Name:	MMA Legal
Address	43-59 Princes Street, Stockport
Postcode	SK1 1RY
Email	admin@mmalegalsolicitors.com
Telephone Number	0330 341 3679
CHI / NHS Number (if known):	

1. **STATUS AND CONSTRUCTION**

- 1.1. This Deed is executed as a deed and constitutes valid written authority for the purposes of:
 - 1.1.1. UK GDPR
 - 1.1.2. Data Protection Act 2018
 - 1.1.3. Common law confidentiality
 - 1.1.4. Any related statutory, regulatory or supervisory framework
- 1.2. This Deed shall be interpreted purposively and broadly to give full effect to the Client’s intention that all personal data and Records relating to them be disclosed to the Representative, subject only to lawful statutory restriction.
- 1.3. This Deed is intended to provide clear and comprehensive authority for disclosure of the Client’s personal data.

2. **APPOINTMENT**

- 2.1. The Client appoints the Representative to act fully on their behalf in connection with:
 - 2.1.1. An application to Redress Scotland;
 - 2.1.2. Any review, reconsideration or appeal;
 - 2.1.3. Evidence gathering and submission;

2.1.4. Any associated advisory, compensatory or restorative process.

2.2. Requests made by the Representative shall be treated as made personally by the Client.

3. SCOPE OF AUTHORITY

3.1. This Authority applies to all public and private bodies including (without limitation):

3.1.1. Local Authorities and Councils

3.1.2. NHS Boards and GP Practices

3.1.3. Health & Social Care Partnerships

3.1.4. Integration Joint Boards

3.1.5. Religious bodies and orders

3.1.6. Residential and foster care providers

3.1.7. Education authorities and schools

3.1.8. Government departments

3.1.9. Archive services

3.1.10. Insurers holding historical liability files

3.1.11. Successor, merged or restructured public bodies

3.2. The Authority applies whether Records are:

3.2.1. Archived, microfiche, digitised or handwritten;

3.2.2. Stored off-site by contractors;

3.2.3. Held by dissolved or reconstituted institutions;

3.2.4. Transferred following statutory reorganisation.

3.3. The Client requests that records not be withheld solely on administrative grounds such as archival storage or institutional restructuring including, for example:

3.3.1. The institution has closed or restructured;

3.3.2. Records are archived or require manual retrieval;

3.3.3. Records are held by insurers or successor bodies;

3.3.4. Retrieval involves time or administrative burden.

4. SPECIAL CATEGORY DATA – EXPLICIT CONSENT

4.1. For the purposes of Article 9 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of all special category data including:

- 4.1.1. Physical and mental health records
- 4.1.2. Psychiatric and psychological reports
- 4.1.3. Therapy and counselling notes
- 4.1.4. CAMHS records
- 4.1.5. Social work and safeguarding files
- 4.1.6. Ethnicity or religious data where recorded

This includes all NHS and private medical providers.

This explicit consent may be withdrawn at any time by written notice.

5. **CRIMINAL OFFENCE DATA – EXPLICIT CONSENT**

5.1. For the purposes of Article 10 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of:

- 5.1.1. Criminal offence data
- 5.1.2. Police investigation material
- 5.1.3. Child protection investigations
- 5.1.4. Statements and intelligence logs
- 5.1.5. Outcome decisions

including records held by:

- 5.1.6. Police Scotland
- 5.1.7. Any predecessor Scottish police force
- 5.1.8. Prosecuting authorities.

6. **THIRD-PARTY DATA AND REDACTION**

- 6.1. The existence of third-party data shall not justify refusal to disclose the Client's personal data.
- 6.2. Where necessary, redaction shall be limited strictly to third-party information.
- 6.3. Mixed data shall be disclosed in redacted form rather than withheld in entirety.

7. **PROPORTIONALITY AND REASONED DECISION-MAKING**

7.1. Any refusal, limitation or redaction must:

- 7.1.1. Identify the specific statutory exemption relied upon;

- 7.1.2. Explain how that exemption applies to the particular Record;
- 7.1.3. Confirm why partial disclosure is not possible;
- 7.1.4. Be communicated in writing.
- 7.2. Blanket refusal without statutory justification may not satisfy statutory obligations under applicable data protection legislation.
- 7.3. Any reliance upon “disproportionate effort” must provide written reasoning demonstrating why staged disclosure or redaction is not feasible.

8. VALIDITY AND FORMAL REQUIREMENTS

- 8.1. This Deed remains valid for 24 months from execution unless withdrawn in writing.
- 8.2. Disclosure shall not be refused because:
 - 8.2.1. An internal template form has not been used;
 - 8.2.2. The Authority is considered “out of date” within internal policy;
 - 8.2.3. Additional consent is sought beyond reasonable identity verification.
- 8.3. Any organisation acting in good faith reliance upon this Deed shall be fully discharged in making disclosure.

9. REGULATORY AND STATUTORY RIGHTS

In the event of non-compliance, refusal, or unreasonable delay in responding to a lawful request made under this Deed, the Client and/or the Representative reserve the right to pursue any statutory or regulatory remedies available under applicable law.

This may include raising concerns with the relevant supervisory authority or regulator where appropriate.

Nothing in this Deed limits the Client’s rights under the UK GDPR, the Data Protection Act 2018, or any other applicable statutory framework.

Withdrawal shall not invalidate disclosures already made in reliance upon this Deed.

EXECUTION AS A DEED

Signed and delivered as a Deed by the Client:

Signature	<i>Toni-Marie Cullen</i>
Print Name	
Date	

Witness	
Name	
Address	
Occupation	
Signature	<i>Billie Kurn</i>
Date	

THIS PAGE IS RESERVED FOR OFFICIAL OBSERVATIONS

*THERE ARE NO OFFICIAL OBSERVATIONS

E. Mallister
ER'S SIGNATURE/SIGNATURE

HOLDER'S SIGNATURE/SIGNATURE DU TITULAIRE

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

PASSPORT
PASSEPORT

Type/Type
P

GBR

Passport No./Passaport No.
548896532

Surname/Nom (1)
MCALLISTER

Given names/Prenoms (2)
TONI MARIE

Nationality/Nationalité (3)
BRITISH CITIZEN

Date of birth/Date de naissance (4)
11 DEC /DEC 91

Sex/Sexe (5) **F** Place of birth/Lieu de naissance (6) **GLASGOW**

Date of issue / Date de délivrance (7) Authority / Autorité (8)
14 JUL / JUIL 17 HMPO

Date of expiry / Date d'expiration (9) Holder's signature / Signature ou molaire (10)

14 JUL / JUIL 27

SEE PAGE ABOVE

P<GBRMCALLISTER<<TONI<MARIE<<<<<<<<<<<<<<<<<
5488965320GBR9112115F2707141<<<<<<<<<<<<<<<02

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name

Mr, Mrs, Miss, Ms Toni-Marie McAllister

I assessed your case on:

20 /02 / 2026

and, because of the following condition(s):

Anxiety

I advise you that:

☒ you are not fit for work.

☐ you may be fit for work taking account of the following advice:-----

If available, and with your employer's agreement, you may benefit from:

☐ phased return to work--

☐ amended duties----

☐ altered hours--

☐ workplace adaptations--

Comments, including functional effects of your condition(s):

This will be the case for

1 Month(s)

or from

/ /

to

/ /

I will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name

Dr Robert Joseph

Issuer's profession

Doctor

Date of statement

20 /02 / 2026

Issuer's address

Bourtreehill Medical Practice
Cheviot Way, Bourtreehill
Irvine, KA11 1JU
Telephone: 01294 211993

Unique ID: Med 3 04/22

D8A7AE58-9A00-4EEF-8C7A-BD62201C5CB0



What your advice means

'You are not fit for work'

Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'

You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You do not need to get another of these forms.

For more information please visit www.gov.uk and type 'fit note guidance for patients and employees' into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname

Mr, Mrs, Miss, Ms MCALLISTER

Other names

TON-MARIE

Address

2 SHIEL PLACE

CASTLEPARK

IRVINE

Postcode KA12 9NG

Date of birth

11 / 12 / 1991

Mobile

/ /

NI number

/ /

What you need to do now

- If you are employed: Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form SSP1 to claim benefits.
- If you are self-employed: You could claim benefits.
- If you are already claiming benefits: Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits: Visit www.gov.uk/browse/benefits or phone 0800 328 5644 (8am to 6pm Monday to Friday). Textphone users call 0800 328 1344.