

**Rossie Young People's Trust**

Date 10/04/2026

Montrose  
Angus  
DD109TW

Ref: 100006

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

Client Name: Mrs Amanda Golabek  
Client Address: 61 Highfield Circle, Muir Of Ord, IV6 7TF  
Date of Birth: 12/11/1979  
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:  
Rossie Young People's Trust: 1983-1984

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](mailto: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](mailto:evidence@mmalegal.co.uk)

T: 0161 563 0816