[Insert organisation name/logo]

# CLIENT FILE ACCESS REQUEST FORM

## SECTION 1: clients to complete

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| **Client name** |  |
| **Phone number** |  | **Date**  |  |
| **Staff member name supporting the request**  |  |
| **Staff member phone number** |  |

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| **Reason for access** |
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| **CEO/Manager authorisation**  |
| **£ Yes £ No**  | **Signature** |  |
| **Date** |  |

## SECTION 2: STAFF TO COMPLETE

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| **Access planning** *(for staff members to coordinate with client)* |
| **Date of access** |  |
| **Time (from – to)** |  |
| **Client file name** |  | **Client ID** |  |
| **Staff member on site**  |  |
| **Staff member phone number**  |  |
| **Private meeting room booked** | £ Yes £ No  | **Room name/number** |  |

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| **After access checklist** |
| **The file is complete**  | **£ Yes £ No** |
| **The client is satisfied with the process** | **£ Yes £ No** |
| **A file note has been added indicating the date and time that the client file was accessed** | **£ Yes £ No** |
| **Client access to files request form filed in client file.**  | **£ Yes £ No** |

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| **Notes** |
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| **Staff member name**  |  |
| **Staff member signature**  |  |
| **Date**  |  |