

FAMILY TRACING SERVICE APPLICATION FORM

The Family Tracing Service, The Salvation Army,
1 Champion Park, London SE5 8FJ - Tel: 020 7367 4747
Family.Tracing@salvationarmy.org.uk

CT Ref. No.

SECTION 1 - NOTES OF GUIDANCE

- 1. WE CAN NORMALLY ACCEPT enquiries in respect of ADULT RELATIVES, for the purpose of RECONCILIATION ONLY.
- 2. WE DO NOT NORMALLY ACCEPT enquiries in respect of the following:
 - ADOPTED PERSONS sought by 'birth' family, or BIRTH FAMILY of adopted persons.
 - HUSBANDS & WIVES for the purpose of divorce; nor an EX-SPOUSE unless young children are involved.
 - YOUNG PEOPLE under 18 years of age nor requests from young people under the age of 18 years unless undertaken by a parent or legal guardian.
 - FRIENDS / BENEFICIARIES OF WILLS / FAMILY GENEALOGIES.
- 3. CONFIDENTIALITY. We will not disclose the whereabouts or other personal details of people we locate without their consent. Our first contact is often made by letter, with an assurance that the address of the person sought will not be made known unless agreed by them. This pledge will be honored. We do not carry out 'secret' investigations for the purpose of obtaining information. We must be free to reveal the enquirer's identity and contact details, and the reason for the enquiry. (See also our Data Protection notice).

State Pension or other benefits (please pro Please enclose a Cheque or Postal Order m pay by debit or credit card we will be in to	ovide evidence). We can only lade payable to The Salvation	accept pa	yment in £ British Pounds.
I enclose the registration fee: £	☐ Cheque/ Postal Order	or	☐ Pay by credit/debit card (please see section 8)
SECTION 2 -	PERSON MAKING ENQUIRY (En	quirer)	
Your Full Name and Title (as may apply)			
Your full name as registered at birth (if different	ent from above)		
Your date of birth	Your p	lace of bir	th
Your address in full			
Post code			
Home telephone no	Work t	elephone	no
Email address:	Mobile	telephone	e no
Relationship: The person sought IS MY			_
SECTION 3 - S	SUPPORTING DOCUMENTS		
Please provide a photocopy of your birth certific of State Benefits if you're eligible to pay a redu		r supporti	ng documents, including Evidenc
I do/do not require their return. (please circle	e one answer)		
SECTION 4 - I	BACKGROUND AND REASON FO	OR ENQUIF	RY
PLEASE EXPLAIN BELOW (or on a separate sheet)) HOW CONTACT WAS LOST WIT	H YOUR R	ELATIVE:
PLEASE EXPLAIN BELOW (or on a separate sheet)) YOUR REASON FOR WISHING T	O LOCATE	YOUR RELATIVE:

PLEASE ATTEMPT TO ANSWER EVERY QUESTION WHERE THEY ARE RELEVANT TO YOUR ENQUIRY. WHERE DETAILS ARE NOT RELEVANT ENTER N/A. WHERE DETAILS ARE NOT KNOWN ENTER N/K. (PLEASE USE BLOCK CAPITALS)

SECTION 5 - PERSON BEING SOUGHT (Enquiree)

Last known surname	Maide	n surname		
Forenames (in full)				
Full name at birth (if different from abov	e)			
Date of birth (if not known, then exact ag	e)	Place of bi	rth	
Last known address or whereabouts				
Date last known at this address		<u> </u>		
Who owns the property (e.g. council etc)				
Date when last in contact		_		
Was this in person, by letter, telephone,	or e-mail?			
Has this person ever been married?	YES/NO	If yes, please give	details:	
1) Date of marriage	To who	om?		
Place of marriage	lf	divorced, please giv	e date	
2) Date of marriage	To who	om?		
3) Place of marriage	lf	divorced, please giv	e date	
Please give full names, places and dates of Name Name Name Name Are you in touch with any of these?	Date of birth _ Date of birth _ Date of birth _	f any children.	Place of birth	
Parents of person sought (information ref				
Mother's full name				
Mother's maiden name				
Brothers/sisters of person sought. Please	e give names, plac	es and dates of birth	(or ages):	
Name	Date of birth		Place of birth _	
Name				
Name				
Name			Place of birth	
Are you in touch with any of these?	YES/NO			

per	'SON:
Ful	l name Date of birth
Las	st known whereabouts
Giv etc	re name and address of person who may have information, or be able to assist our enquiries (e.g. club/union/friend.).
Nar	me
Em	ployment details:
Naı	me & address of last known employer
Usı	ual occupationDate employment terminated
ОТ	HER INFORMATION:
Tel	ephone Number(s) or email address(es)
Nat	tional Insurance no. / NHS no. / Army, Navy, or RAF no.
Dod	ctor's name & address
Me	mberships of Professional Bodies/Organisations
	mberships of Recreational Bodies/Organisations
	SECTION 6 - GENERAL QUESTIONS
a)	What has been done so far, and with what result?
b)	Have you applied to us before? YES/NO If yes, when? What was our reference number?
c)	Is this application being made with the support of a Salvation Army Corps or Centre? Yes / No If yes, please provide: -
	Corps/Centre name
	Name of Officer or Staff Member:
	Position:
	Tel No:
	Email:
d)	Is this application being made by a Support Worker, Advocate or any other professional agency? Yes / No If so, please provide contact details.
	Agency Name:
	Staff Name:
	Position:
	Tel No:
	Email:

Where the person sought is believed to be with a husband/wife, or with another adult please give details of that

Do you give your consent for the Family Tracing Service to communicate with the above on your behalf? Yes / No

SECTION 7 - DATA PROTECTION

Data Protection:

The Salvation Army¹ will hold your personal information in its legitimate interests of processing your application and retain it to ensure future protection of your privacy in the event of further requests.

We may share this information with partner agencies or individuals who assist us in our enquiries. We must be free to reveal your identity and contact details to the person sought. If there are contact details that you would prefer us not to share with the individual sought, these must be disclosed by you at the commencement of our involvement.

Please note: These are essential steps that apply to all enquiries and cannot be bypassed due to the nature of our work. The tracing process relies on transparency and trust, and we are committed to handling your information with care and integrity.

You have a right to a copy of information we hold about you and, in some circumstances, to have it amended or deleted and to withdraw consent. For this and to raise any queries on how your information is handled please contact Head of Privacy and Data Protection at data.protection@salvationarmy.org.uk. If you are still not happy you may raise concerns with the Information Commissioner's Office. For further information, please see our full Privacy Statement at www.salvationarmy.org.uk/privacy-statement or request a copy by writing to our address as shown on Page 1.

Personal Statement:

9 ,	erforming the tracing service, if the individual I seek is outside the EEA.
	☐ (tick box)
Name	Signed
(Please print)
Date	Our Ref

$^{\rm 1}{\rm The}$ Salvation Army acting on behalf of The Salvation Army Social Work Trust

SECTION 8 - What happens next?

We will be in touch as soon as possible to let you know whether we can accept your request and to make any further arrangement regarding registration fee payment by debit/credit card.

If your application is accepted, we will provide you with a case reference number and contact details of a Caseworker.

Please note the tracing process can take several months and sometimes in excess of a year.