



Application to View Personal File

Date: _____

Name of Applicant: _____ Date of Birth: _____

Current Address: _____

Contact Phone Number: _____

Proof of Identity: Proof of identity documents must be sighted by a CAI employee.

Please list any Proof of Identity document/s sighted:

Date when access is requested: _____

OFFICE USE ONLY:

Date & Time of Access: _____

CAI Worker supervising file access: _____

Comments:

Has the client requested any correction to their file: Yes / No

If yes, give details:

Has the requested correction been made: Yes / No

If no, give details as to why not: