**Application to retain records under Section 3(4) of the Public Records Act 1958**

**Department/organisation:**

**Author (name, grade and job title):**

**Date of Advisory Council meeting:**

1. **Summary**
	1. *Details of the records covered by this application:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Number of records**  | **TNA series and piece numbers (if allocated)** | **Covering dates** | **Format (paper, digital).**  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** |  |  |  |  |

**Table 1**

 *Please extend as required*

1. **Timing**
	1. *Is this request* ***Routine*** *(records are not currently due for disposal but there is a risk that they will not be processed in time to meet the relevant deadlines) or* ***Urgent*** *(records are already being held without legal cover or a current retention is due to expire imminently)?*

**Choose an item.**

1. **Background**
	1. *What has prompted this application?*

**Choose an item.**

*If you have selected “Other” please provide additional information here:*

* 1. *On what grounds are you applying to retain these records?*

**Choose an item.**

* 1. *What retention period are you requesting?*

**Choose an item.**

* 1. *If you are requesting a retention period of more than three years, please provide a detailed justification for the time requirement here:*
1. **Context**
	1. *Roughly how many in-year records would your department expect to have to process under the Public Records Act each year?*
	2. *What resources does your department have available for processing records under the Public Records Act?*
	3. *If there is anything else the Advisory Council need to be made aware of regarding this request, please provide details here:*
2. **Plan**
	1. *If you are applying to retain under either of the “backlog” criteria 4a or 4b, what is the plan for addressing this? This must be agreed between your organisation and The National Archives.*

|  |  |
| --- | --- |
| **Resourcing** |  |
|  Who will carry out the work (e.g. internal records management staff, third party supplier, a combination)? |  |
| **Activity Schedule** |  |
|  Appraisal and selection |  |
|  Sensitivity review (if needed) |  |
|  Submit applications for closure/retention (if needed) |  |
|  Transfer of records |  |

**Table 2**

 *Please extend as required*

* 1. *If there is anything else the Advisory Council need to be made aware of regarding this plan, please provide details here:*
1. **Risk management**
	1. *What are the risks to the successful completion of the plan? How will these be mitigated?*

|  |  |
| --- | --- |
| **Risk** | **Response/mitigation** |
|  |  |

**Table 3**

 *Please extend as required*

* 1. *What is your organisation’s senior governance awareness of this issue?*

**Choose an item.**

*If you have selected “Other” please provide additional information here:*

* 1. *Please provide details of the person in your organisation responsible for managing this issue:*

Name:

Grade:

Job title:

Name:

Date: