

**Subject Access Request Form**

**Applicant Checklist**

**Have you completed all relevant sections of the form?**

**If you are a representative, has your client signed the authority or provided a separate signed note of authority?**

**If you are submitting the form yourself, have you signed the form in Section 5?**

**If you are signing as a parent or guardian of a child under 16, have you ensured you are able to show their full birth certificate, any court orders and proof of your parental responsibility?**

**Have you ensured you are able to show two pieces of identification from the lists in Section 3?**

**Have you signed the declaration in Section 5?**

**Have you provided as much information as possible to enable us to find the data you require?**

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| --- |
| **Please bring your completed form, proof of identity to your own surgery** |

**October 2019**

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| **This form is for any person who wishes to apply for access their own personal data.**  **Please read the Subject Access Request Guidance Notes below before completing this form.**  **A separate form should be completed for each individual.** |

**Subject Access Request Guidance**

This form is designed to assist the process of making a subject access and, as a consequence, may speed the process up; but it is not mandatory, all subject access requests made in other formats will also be processed.

In addition to the right to have access to the information we hold about you, in certain circumstances you also have the right to:

1. object to and restrict the use of your personal information, or to ask to have your data deleted, or corrected ( this will be dealt with by our customer services team).
2. (where you have explicitly consented to the use of your personal data and that is the lawful basis for processing) the right to withdraw your consent to the processing of your data and the right to data portability (where processing is carried out by automated means)

You can use the same process to request access to your information as well as to exercise any of these rights.

**What information will help with the processing of my subject access request?**

If you cannot provide us with satisfactory proof of identity, your application will be rejected and any fee already paid will **not** be returned.

**What information do we hold?**

We hold health related information relevant to the conduct of our function.

**How long will it take to get my data?**

Once we are satisfied that you meet the criteria for disclosure of data under the Data Protection Legislation, and have provided sufficient information for us to confirm your identity and accept your application for processing, you should receive a response within **one calendar month** from that date.

**For a quicker disclosure**

If you only require specific information and you clearly state what that is – for example a specific document or IT-only data – then you are likely to get a quicker disclosure.

**Section 1 – Applicant Details**

|  |  |
| --- | --- |
| Title (please tick one): | Mr  Mrs  Miss  Ms  Title (please state): |
| Forename(s): |  |
| Family Name: |  |
| Date of Birth (dd/mm/yyyy): | ……../……./………. Male  or Female |

**Section 2 – Applicant Details**

|  |  |
| --- | --- |
| Current Address: |  |
|  |
|  |
|  |
| Postcode |  |
| Daytime Telephone No: |  |
| Email Address: |  |

**Section 3 – Proof of the applicant’s identity**

|  |  |  |  |
| --- | --- | --- | --- |
| In order to prove the applicant’s identity, we need to see the applicant and two pieces of identification, one from list A and one from list B below. Please indicate which ones you are supplying.  **Please note: The applicant must be present so that we can confirm their identity using the photograph on the original document provided - please DO NOT bring copies** | | | |
| **List A (photocopy of one from below)** |  | **List B (plus one from below) \*** |  |
| Passport/Travel Document |  |  |  |
| Photo driving licence |  | Utility bill showing current home address |  |
| Foreign National Identity Card |  | Bank statement or Building Society Book |  |
| Child under 16 : Full birth certificate |  | Other – Please state: |  |
| Child under 16 : Court Order(s) |  |  |  |
| Other – Please state: |  |  |  |

For a child under 16 years of age please provide all Court Orders. Please state if there are none

**Section 4 – Details of Information Required**

Please tick the one of the following boxes to indicate how you would like to access your information

1. I would like a copy of a **certain part** of my health records (please detail below)
2. I would like a copy of my **full** health records – please note this may take longer to provide due to the extra workload this ensues i.e the full 21 – 40 days under GDPR guidelines
3. I would like to **view** my health records in person, on site

Please use the space below to give us details about the information you are requesting, for example by stating specific documents you require along with specified date rages (use extra sheets if necessary):

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**Please note that if you require third party information / consultation information you will need to contact the relevant clinician / organisation direct as we can only provide information from our own GP textual entries.**

**Section 5 – Declaration**

The information which I have supplied in this application is correct, and I am the person to whom it relates or a representative acting on his/her behalf. I understand that the Her Majesty’s Passport Office may need to obtain further information from me/my representative in order to comply with this request.

|  |  |
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| Signature of Applicant: | Date: |

**Section 6 – Representative Details**

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| --- | --- |
| Name of Representative: |  |
| Company Name: |  |
| Address & Postcode: |  |
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|  |
| Daytime Telephone No: |  |
| Email Address: |  |

**Section 7 – Proof of the Representative’s identity**

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| --- | --- | --- | --- |
| Please provide copies of two pieces of identification, one from list A and one from list B below and indicate which ones you are supplying.  **Please DO NOT bring copies**  **Please note: The representative must be present so that we can confirm their identity using the photograph on the document provided.** | | | |
| **List A (photocopy of one from below)** |  | **List B (plus one from below)** |  |
| Passport/Travel Document |  |  |  |
| Photo driving licence |  | Utility bill showing current home address |  |
| Foreign National Identity Card |  | Bank statement or Building Society Book |  |
| Other – Please state: |  | Other – Please state: |  |
|  |  |  |  |

**Section 8 – Authority to release information to a Representative**

A representative needs to obtain authority from the applicant before personal data can be released. The representative should obtain the applicant’s signature below, or provide a separate note of authority.

This must be an original signature, not a photocopy (tip: using blue ink often helps verification).

If the applicant is signing as the guardian of a child under 13, proof of legal guardianship must also be provided.

|  |  |
| --- | --- |
| I hereby give my authority for the representative named in Section 3 of this form to make a Subject Access Request on my behalf under Data Protection Legislation. | |
| Signature of Applicant: | Date: |
| Signature of Representative: | Date: |