

SUBJECT ACCESS REQUEST FORM

Under the Data Protection Act 1998, you have the right to inquire of any organisation whether they hold your personal data and to see a copy of that information. If you wish to access your data please complete this form. You will need to provide evidence of identity to enable the processing to start. Your request will be processed within 40 days of receipt of a fully completed form and receipt of all relevant information we require. If the information contains details of another person we may need to seek their consent before we can provide that information to you.

Please note that you may make a request for your data without completing this form; this must be in writing. If you do not use the form please provide all of the information requested below as this is needed to process your request and missing information could result in a delay to the start of that process.

1. PERSONAL DETAILS

Name:	
Address: Postcode:	
NI number	
Date of birth	
Donor number (if relevant)	
Telephone Number:	

2. ARE YOU THE DATA SUBJECT (i.e. the person on whom the information is held)?

Yes:	<u>If you are the Data Subject:</u> Please complete and return this form along with evidence of your identity, e.g. driving licence, birth certificate, a recent utility bill in your name and address (or photocopy) and a stamped addressed envelope for the document to: The Chief Officer, SoBS National Office, The Flamsteed centre, Albert Street, Ilkeston, Derbyshire, DE7 5GU
No:	<u>Are you acting on behalf of the Data Subject with their written authority?</u> If so: Please complete and return this form along with the written and signed authority of the data subject to the relevant person above. (Please complete all the following questions)

3. DETAILS OF THE DATA SUBJECT (if different to those given in question 1)

Name:	
Address: Postcode:	
NI number	
Date of birth	
Donor number (if relevant)	

4. RELATIONSHIP TO DATA SUBJECT (Please briefly describe your relationship with the Data Subject that leads you to make this request for information, e.g. Legal Advisor, Spouse, etc. Please provide supporting evidence.)

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5. INFORMATION REQUIRED: (Please be as specific as you can in describing the information you would like to obtain, together with any other relevant information. This will help us to identify the information you require. For example “Information relating to donations made between 2004 and 2006”)

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6. FEES: Please note that Data Controllers are entitled to charge a fee of up to £10.00 to cover the administrative costs of responding to a subject access request. Unless we have indicated otherwise, please submit a cheque for £10.00 payable to SoBS with this form.

DECLARATION

I certify that the information given on this application form is true and that any attempt to mislead, may result in legal proceedings against me. I understand that it is necessary for the organisation to confirm my/the Data Subject’s identity and it may be necessary to obtain more detailed information in order to locate the correct information. I understand that the response period of 40 days, stipulated in the Act, will not commence until SoBS is satisfied upon these matters.

Signature:	
Print name:	
Date:	

Subject access request checklist:

- Have you included evidence of your identity?
- Have you included evidence of the Data Subject’s identity (if different from above), evidence of your relationship with them and their written consent?
- If applicable the fee of £10.00 (cheques made payable to SoBS)
- Have you included a stamped addressed envelope for return of proof of identity/authority documents