**Data Access Request Form**

The information supplied in this form will be used only for the purposes of identifying the personal data you are requesting.

You should complete this form if you want us to supply you with a copy of any personal data which we hold about you. You are entitled to receive this information under the Data Protection Act 1998.

We will endeavour to respond promptly and in any event within 40 days.

**Section 1**

*Details of the person requesting the information (please complete)*

Full Name:

Address:

Telephone Number:

Email Address:

**Section 2**

**Are you the data subject?** (*The person which the information is about*)

**Yes:** 🞏 If you are the data subject please supply evidence of your identity (go to Section 4)

**No:** 🞏 Are you acting on behalf of the data subject with their written authority / consent? If so, that authority must be enclosed and you should also sign this form.

***Information on Proof of Identity***

We must not knowingly give personal information to the wrong person and we must do our best to ensure that the personal information we have been asked for is given only to the person to whom this information refers, or their authorised representative. Therefore, we require proof of your identity and address before we can disclose personal data. Please provide a driving licence, passport or national ID card etc.

**Section 3** *(Please complete if different to Section 1)*

*Details of the data subject*

Full Name:

Address:

Telephone Number:

Email Address:

**Section 4**

*Please explain the personal data you require in as much detail as possible;*

**Declaration**

This form must be signed by both you (the data subject) and your agent if applicable.

I can confirm I wish my personal data to be released and that I am the person to whom it relates. I understand that in order for the practice to confirm my / the data subject’s identity, it may be necessary to obtain more detailed information to locate the correct personal data.

Signature: Date:

Print Name:

**Authorised Agent**

I confirm that I am authorised to act on behalf of the data subject and that their personal information will be disclosed to them through me. **Please note that information can only be disclosed to those agents who have signed this form.**

Signature: Date:

Print Name:

**Please ensure you have enclosed the applicable £10 fee.**