**SUBJECT ACCESS REQUEST APPLICATION FORM**

This form is for Subject Access Requests. Please email the completed form to SCWCSU.SAR@nhs.net

**ORGANISATION**

|  |  |
| --- | --- |
| Organisation Name  |  |

**DETAIL OF PERSON REQUESTING THE INFORMATION**

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
| Date of Birth | Click here to enter a date. |
| Contact Telephone No. |  |
| Email Address (please indicate if your preference is to correspond via email) |  |

 **DETAILS OF DATA SUBJECT (only complete if the request is being made on behalf of the Data Subject)**

|  |  |
| --- | --- |
| Reason Data Subject is not requestor | *Eg data subject lacks capacity, request from Solicitor, Patient Representative.* |
| Full Name |  |
| Address |  |
| Date of Birth | Click here to enter a date. |
| Contact Telephone No. |  |
| Email Address (please indicate if your preference is to correspond via email) |   |

**Information Requested**

|  |  |
| --- | --- |
| Please describe the information you seek together with any other relevant information e.g. specific record dates, email timelines and subject matter, etc.) | *Eg Medical records, emails, HR records* |

|  |
| --- |
| Notes:Documents which must accompany this application:1. Evidence of your identity (certified copies only)
2. Evidence of the data subject’s identity (if different from above) (certified copies only)
3. Evidence of authorisation to act on behalf of the Data Subject. For example, documented consent, Lasting Power of Attorney or other.
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| **Please note we have up to 1 month to process this request once a valid request has been received.**  |

**SARs Team USE ONLY**

|  |  |
| --- | --- |
| Date Application Received | Click here to enter a date. |
| Received By |  |
| Signature |  |
| Date | Click here to enter a date. |
| Date Evidence of Identity Received/Checked |  |