
Data Protection Act 1998: Subject Access Request Form

Please note that where the term “Data Subject” is used, it refers to the person about whom the information is being requested.

1. Details of person requesting the information.

Full Name

Address.....

.....Postcode.....

Tel No.....Mobile No.....

E-Mail.....

Date of Birth:NHS Number.....

2. Are you the data subject?

YES If you are the Data Subject, please supply evidence of your identity, eg Driving Licence, birth certificate [or photocopy] **[Please go to question 6]**

NO Are you acting on behalf of the Data Subject with their written authority?
If so, that authority must be enclosed. Please also supply evidence of your identity, eg Driving Licence, birth certificate [or photocopy] **[Please complete questions 3 & 4]**

3. Details of the Data Subject [if different to 1 above]

Full Name

Relation to the Data subject.....

Address.....

.....Postcode.....

Tel No.....Mobile No.....

E-Mail.....

Date of Birth:NHS Number.....

4. Please describe your relationship with the Data Subject that allows you to make this request for information on their behalf. (tick applicable)

- I have been asked to act by the Data Subject and
I attach their written authorisation

- I am the legal parent/guardian of the Data Subject.

- The Data Subject is incapable of managing their own affairs and I have been appointed by the Court to manage their affairs.
I attach proof of my appointment

5. Please describe the information you seek, together with any other relevant information. This will help to identify the information you require.

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Note: The period of 1 month in which the organisation must respond to the request will not commence until it is satisfied upon these matters. See 2 above.

If you require only part of the records please state which dates you would like;

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6. Declaration

I (print name),..... certify that the information given on this application form to the best of my knowledge and belief is true. I understand that it is necessary for the organisation to confirm my/Data Subject's identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signature.....

Date

Please return the completed form to
Health Records Manager
Access to Records
Mellor House
St Georges Hospital
Corporation Street
Stafford
ST16 3SR