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| **EAST CAMBRIDGESHIRE DISTRICT COUNCIL**  **DATA SUBJECT ACCESS REQUEST FORM**  **General Data Protection Regulations** |

Under the General Data Protection Regulation (GDPR), you (the data subject) are entitled to request access to personal information held about you by East Cambridgeshire District Council; completing this form will assist us in locating your information quickly and efficiently.

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| **Part 1 – Person to whom the information relates (the data subject).**  **The reason we ask for proof of identification is to maintain the security of the information we hold about you. This will ensure that we do not release your personal information to anyone else.** | | | | | | |
| Title | Mr **□**  Mrs **□**  Miss **□**  Ms **□**  Other: | | | | | |
| Surname |  | | Forename(s) | |  | |
| Maiden Name /Former Names |  | | | | | |
| Date of Birth |  | | Sex | | Male Female | |
| Current Address |  | | | | | |
| Postcode |  | | Telephone No | |  | |
| Email Address |  | | | | | |
| Previous Addresses  (Please provide any previous addresses you feel may be of assistance to this request). |  | | | | | |
| **I enclose original proof of one of the following as proof of the identity of the data subject (these will be returned to you):**  **□** Birth Certificate **□** Driving Licence **□** Passport **□** 2 x Official Letters  If none of these are available please contact the Data Protection Officer for advice on other acceptable forms of identification. | | | | | | |
| **Part 2 – Is the requested information about you (are you the data subject)?** | | | | | | |
| **No, the information is not about me** *(go to part 3)*  **Yes, the information is about me** *(go to part 4)*  **Please Note:** If information to be disclosed includes incidental disclosure of 3rd party (e.g. family member, referee, care worker etc.) it can be disclosed without the consent of that party. | | | | | | |
| **Part 3 – Person (agent) acting on behalf of the data subject.** | | | | | | |
| Title | Mr **□**  Mrs **□**  Miss **□**  Ms **□**  Other: | | | | | |
| Surname |  | | Forenames | |  | |
| Address |  | | | | | |
| Postcode |  | | Telephone No. | |  | |
| **What is your relationship to the data subject** *(e.g. parent, carer, legal representative)* | | | | | | |
| **Do you have legal authority to request the data subject’s personal information?**  Yes **□**  No **□** | | | | | | |
| **If the data subject is under 16, do you have parental responsibility for them?**  Yes **□**  No **□** | | | | | | |
| **Please provide proof that you are legally authorised to act on the data subject’s behalf in the form of:**  **□** Letter of Authority **□** Lasting Power of Attorney **□** Evidence of parental responsibility  **□** Other (*give details)* | | | | | | |
| **Please provide proof that you are the person authorised to act on behalf of the data subject by enclose a copy of one of the following:**  **□** Birth Certificate **□** Driving Licence **□** Passport  If none of these is available please contact the Data Protection Officer for advice on other acceptable forms of identification. | | | | | | |
| **Part 4 – Details of the information being requested** | | | | | | |
| Please help us deal with your request quickly and efficiently by giving as much detail as possible about the information you want. If possible restrict your request to a particular council service or department, period of time or incident. If necessary continue this section on a separate page. | | | | | | |
| **Information requested:** | | | | | | |
| **Information requested covers**  **(dates)** | | From: | | | To: | |
| **Relevant details to help us locate the information** *(address at the time, service or department, names of previous contacts, any file reference if known, etc.)* | |  | | | | |
| **Part 5 – Access to the information** | | | | | | |
| *We must respond to you within one month – if we feel the request is complex we may ask for an extension of this period.* | | | | | | |
| **Do you wish to:** | | **□** View the information **□** Be provided with a copy | | | | |
| **Copies** *(if requested)* **to be:** | | **□** Posted to the data subject **□** Posted to you  **□** Emailed to you **□** Collected | | | | |
| **Do you have any special needs when viewing the information or in what format it is provided?** | |  | | | | |
| **Part 6 – Declaration**  **Please read the following declaration carefully, sign and date it. Please note that any attempt to mislead in order to obtain personal information is a criminal offence and may lead to prosecution.** | | | | | | |
| I certify that the information on this application to East Cambridgeshire District Council is true. I understand that the Council is obliged to confirm proof of identity/authority and that it may be necessary to obtain further information in order to comply with this data subject access request and locate the correct information. | | | | | | |
| Name | |  | | | | |
| Signature | |  | | Date | |  |
| **Part 7 – Before submitting this form please check that you have:** | | | | | | |
| **□ Enclosed proof of the identity of the person the information is about (the data subject)** *(see Part 1)*  **□ Enclosed proof of authority to act on behalf of the data subject – if required** *(see Part 3)*  **□ Given enough details to enable us to locate the information you require**  *(see Part 4)*  **□ Signed and dated the declaration** *(see Part 6)*  **□ Completed all sections of this form** *(Part 3 is only to be completed by a person acting on behalf of the data subject)* | | | | | | |
| **Please submit this form and accompanying documents by post or email to:** | | | | | | |
| For the attention of the Data Protection Officer, East Cambridgeshire District Council, The Grange, Nutholt Lane, Ely, Cambs, CB7 4EE.  Email: [dataprotection@eastcambs.gov.uk](mailto:dataprotection@eastcambs.gov.uk)  Alternatively, you can complete this form and bring it to East Cambridgeshire District Council office at the above address. A Customer Service adviser will check your form and verify your proof of identity. The request will then be passed to the Data Protection Officer. | | | | | | |