**Subject Access Request Form**

**Due to the sensitive nature of information needed to process your request, it would be preferable for us to receive your application via our online form hafod.org.uk/xfp/form/165**

**Alternatively, you can post this form to:**

**Hafod**

**St Hilary Court**

**Copthorne Way**

**Cardiff**

**CF5 6ES**

You can also use this form to ask for the personal data held by Hafod for someone else, as long as you are legally allowed to act on their behalf. This includes:

* Making a request for a child – Please note, if a child is considered competent, they should make the request themselves or give consent to a third party to make the request on their behalf.
* Making a request for someone that you have power of attorney for. *(Please ensure power of attorney documents are official and/or poses a corporate heading)*

**You should fill in all sections of the form that apply to you.**

Please make sure you complete all relevant sections in block capitals to ensure that details are clear.

Section 2 should only be completed if you are making the request on behalf of someone else.

**Section 1: Details of the person this request is about (the ‘Subject’)**

Please tell us the details below about you, or the person you are applying on behalf of, so that we can check for the information we may hold:

|  |  |
| --- | --- |
| ***Title*** |  |
| ***Surname*** |  |
| ***First Name*** |  |
| ***Former Surname*** |  |
| ***Date of Birth*** |  |
| ***Gender*** |  |
| ***NHS Number (if applicable)*** |  |
| ***National Insurance Number (if known)*** |  |
| ***Contact Number (day)*** |  |
| ***Email Address*** |  |
| ***Home Address******(inc. postcode)*** |  |

Getting as much information as possible helps us find the information you want. If you/the subject has been known by a different name or has lived at a different address during the time span of your enquiry, please give details below:

|  |  |  |
| --- | --- | --- |
| ***Name:*** | ***From (date):*** | ***To (date):*** |
| ***Address (inc. postcode)*** |
| ***Name:*** | ***From (date):*** | ***To (date):*** |
| ***Address (inc. postcode)*** |

**Section 2: Written authority to act on behalf of the person you are making the request for**

This section should only be completed if you are making the request on behalf of someone else.

If you are not the subject, but are acting on behalf of the subject, please tell us the details below. We need to know what gives you the authority to act on their behalf, so please state your relationship with them, for example, parent, solicitor, or holder of power of attorney.

|  |  |
| --- | --- |
| ***Full Name*** |  |
| ***Relationship with the subject*** |  |
| ***Contact Number*** |  |
| ***Email Address*** |  |
| ***Address*** |  |

**Section 3: Proof of Identity**

We may need to verify your identity in order to supply your information to you. If you are applying on behalf of someone else, we will need to see proof you have authority to access these records.

[ ]  I can provide proof of identity/authorisation

[ ]  I cannot provide proof of identity/authorization

We may get in touch with you for further information.

**Section 4: Helping us to find the information**

Please use the space below to provide details that may help to locate your information. Being clear about the information you require will help us to respond promptly to your request. If you think you require further information you can always submit a further request and there are no fees attached to your right of access. Please supply as much detail as possible.

|  |
| --- |
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**Section 5: where you would like the copies of your information to be sent**

**Our preferred method of delivery is via email. Any documents sent will be password protected and sent securely.**

If you would like to get your information by post, please note that information posted by special delivery will need a signature upon receipt. However, if the Royal Mail are unable to deliver to the address given and need to return the documentation to Hafod this will be returned by normal post (that is, not securely).

Please tell us where you would like your information sent ***(please select one option):***

[ ]  Email

[ ]  Home address

[ ]  Over the phone (this is only available in specific circumstances)

**Section 7: Declaration**

Unless there is Health and Welfare Lasting Power of Attorney or the application is being made on behalf of a child who is unable to make the request themselves, everyone named on this form should sign below.

I confirm that the information that I have supplied in this application is correct, and I am the person to whom it relates, or I am acting on behalf of the Data Subject and have enclosed the relevant proof of authority as detailed in Section 3.

Knowingly or recklessly obtaining or disclosing personal data is an offence under data protection legislation. By signing this form, you are giving agreement that your personal data (or that of the person you are acting on behalf of) can be shared within Hafod in order that we may process your request and provide you with the information sought.

Your personal data will be kept in accordance with Hafod Retention and Destruction procedures.

**Data Subject:**

Signature: ……………………………………………………………………. Date: …………………….

Print Name: …………………………………………………………………..

**Person making a request on behalf of the data subject:**

Signature: ……………………………………………………………………. Date: …………………….

Print Name: …………………………………………………………………..