

Subject Access Request Application

This form is to be used if you wish to find out what information, Newbury GroupPractice is holding or is processing that relates to you.

Please return your completed application form to:

Redccg.newburygrouppractice@nhs.net

or

Newbury Group Practice
40 Perrymans Farm Road
ILFORD
IG2 7LE
0208 554 1094

Please refer to the following notes for guidance when completing this form.

Applying for your own records

Please complete the following sections:

1, 3 A and B, 4, 5, 6 and 7

Making an application on behalf of the data subject

Please complete ALL sections.

Making an application on behalf of a child

Only an individual with parental responsibility, or a third party (eg solicitor) acting on their behalf can make a request on behalf of a child. If you have parental responsibility for a child in order to help us establish your relationship to the child, you must submit one or more of the following:

- Full birth certificate of the child
- Full marriage certificate of parents (if details not shown on birth certificate)
- Full certificate of adoption
- Parental responsibility order
- Residence order
- Court order assigning parental responsibility

If you have any queries regarding the completion of this form, please contact us on the number shown above.

Section 1: Details of the person the request is about (data subject)

In order to protect the privacy of the individual whom this request is about and in line with the requirements of the Data Protection Act, Newbury Group Practice is keen to ensure we locate the records and information only relating to the subject of this request. I would be grateful if you could supply the information outlined below.

Title: _____

Surname: _____

First Name: _____

Former Surname: _____

Date of Birth: _____

Gender (Male/Female): _____

NHS Number (if known) _____

Telephone Number (day): _____

Email Address: _____

Home Address: _____

Postcode: _____

If the above has been known by a different name or has lived at a different address during the period to which the information required relates, please give details below:

Name: _____ From (date): _____ To (date): _____

Address: _____

Postcode _____

Name: _____ From (date): _____ To (date): _____

Address: _____

Postcode _____

Section 2: Written Authority

If you are acting on behalf of the Data Subject (i.e. the person to whom the information is about) written authority is required. Please complete the details below. Also, please state your relationship to the data subject (e.g. parent/guardian, solicitor, holder of power of attorney, etc.)

Your full name _____

Your address _____

Post code _____

Contact telephone number _____

Email address _____

Relationship to the subject: _____

Section 3: Proof of Identity

It will be necessary to confirm the identity of **all** parties included on this form. Please supply a photocopy of **one** document from section A and B, and **all** relevant documents from section C with the application.

A. Confirmation of name¹

- Full driving licence
- Passport
- Birth certificate
- Marriage certificate
- HSCIC identity badge

B. Confirmation of address

- Utility bill
- Bank statement
- Credit card statement
- Benefit book
- Pension book

C. Confirmation that a third party can access the records of the data subject

- Health and Welfare Lasting Power of Attorney
- Full birth certificate of child
- Full marriage certificate of parents (if details not shown on birth certificate)
- Full certificate of adoption
- Parental responsibility order
- Signed declaration from the Data Subject themselves
- Court of Protection Order appointing you as a personal deputy for the personal welfare of the data subject

I am providing the following types of identification, which are attached to this document.

A. Confirmation of name _____

B. Confirmation of address _____

C. Third Party confirmation _____

¹ Where there has been a change of name we will require evidence of the name for which the information is being sought e.g. a birth certificate will not be considered as evidence for searches on a married name.

Section 4: What information do you require?

Please detail here the information you require from Newbury Group Practice

Section 5: Helping us to find the information

Please use the space below to provide further details that may help to locate the information you are seeking. Please supply as much detail as possible such as:

- Any other details you may feel have relevance e.g. relevant dates etc.

Section 6: Dispatch details

Please indicate where you would like your records dispatched to (please select one option):

- ☐ I am the data subject and would like my records to be dispatched to my home address as detailed in section 1 above
- ☐ I am acting on behalf of the data subject and would like the records dispatched to the address as detailed in section 2 above
- ☐ I am the data subject and I will collect them from the practice
- ☐ I am acting on behalf of the data subject and will collect them from the practice bringing ID to show
- ☐ I would like them emailed to
I understand that they will be passwordprotected

Section 7: Declaration

Unless there is Health and Welfare Lasting Power of Attorney or the application is being made on behalf of a child under the age of 12, all persons 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 authority as detailed in section 3.

Data subject

Signature: _____ Date: _____

Print Name _____

Person making a request of behalf of the data subject

Signature: _____ Date: _____

Print Name _____

Newbury Group Practice will provide any requested information electronically if an email address is supplied. Any documents will be password protected.

Please note that information posted by special delivery will require a signature upon receipt. However, if the Royal Mail are unable to deliver to the address given and need to return the documentation to the practice this will be returned by normal post (i.e. not under confidential cover).

Your Checklist

Is your contact information correct? ☐

Have you enclosed acceptable identification? ☐

Have you signed the form? ☐

Have you completed all the relevant sections? ☐