



SUBJECT ACCESS REQUEST FORM

Under the Data Protection Act 1998, you have the right to inquire of any organization whether they hold your personal data and to see a copy of that information.

If you wish to access your data please complete this form. You will need to provide evidence of identity to enable the processing to start. Your request will be processed within 30 days of receipt of your request and all the relevant information that we require.

If the information requested contains details of another person we may need to seek their consent before we can provide that information to you.

Please note that you may make a request for your data without completing this form but it must be in writing. If you do not use the form please provide all the information requested below as this is needed to process your request and missing information could result in a delay to the start of that process.

1. PERSONAL DETAILS

Name:	
Address: Postcode:	
NI number	
Date of birth	
Donor number (if relevant)	
Telephone Number:	

2. ARE YOU THE DATA SUBJECT (i.e. the person on whom the information is held)?:

Yes:	<p><u>If you are the Data Subject:</u></p> <p>Please complete and return this form along with evidence of your identity, e.g. driving licence, birth certificate, a recent utility bill in your name and address (or photocopy) and a stamped addressed envelope for the document to:</p> <p>FAO Karen Davies Data Manager The Shakespeare Hospice Church Lane Shottery Stratford upon Avon</p>
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	CV37 9UL (Please go to question 5)
No:	<u>Are you acting on behalf of the Data Subject with their written authority? If so:</u> Please complete and return this form along with the written and signed authority of the data subject to the Data Protection Officer named above. (Please complete all the following questions)

3. DETAILS OF THE DATA SUBJECT (if different to those given in question 1)

Name:	
Address:	
Postcode:	
NI number	
Date of birth	
Donor number (if relevant)	

4. RELATIONSHIP TO DATA SUBJECT (Please briefly describe your relationship with the Data Subject that leads you to make this request for information, e.g. Legal Advisor, Spouse, etc. Please provide supporting evidence.)

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5. INFORMATION REQUIRED: (Please be as specific as you can in describing the information you would like to obtain, together with any other relevant information. This will help us to identify the information you require. For example, "Clinical or donation information between 2004 and 2006")

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DECLARATION

I certify that the information given on this application form is true and that any attempt to mislead, may result in legal proceedings against me. I understand that it



is necessary for the organisation to confirm my/the Data Subject's identity and it may be necessary to obtain more detailed information to locate the correct information. I understand that the response period of 30 days, stipulated in the Act, will not commence until The Shakespeare Hospice is satisfied upon these matters.

Signature:	
Print name:	
Date:	

Subject access request checklist:

- Have you included evidence of your identity?
- Have you included evidence of the Data Subject's identity (if different from above), evidence of your relationship with them and their written consent?
- Have you included a stamped addressed envelope for return of proof of identity/authority documents?