|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [http://nww.intranet.rdash.nhs.uk/wp-content/uploads/2012/07/Rotherham-Doncaster-and-South-Humber-NHS-Foundation-Trust-RGB-BLUE-700x314.jpg](http://nww.intranet.rdash.nhs.uk/home/corporate-templates/rotherham-doncaster-and-south-humber-nhs-foundation-trust-rgb-blue/) | | | | | | | | | | | | |
| **Application to Access Personal Information** | | | | | | | | | | | | |
| **Part 1 – person the information relates to (the data subject)** | | | | | | | | | | | | |
| Title *(please circle)* | | Mr. | Mrs. | Miss | | | Ms | | Other *(please specify):* | | | |
| Surname | |  | | | | Forename(s) | | |  | | | |
| Date of Birth | |  | | | | Gender *(please circle)* | | | Male | | Female | |
| Current Address | |  | | | | | | | | | | |
| Post Code | |  | | | | Telephone No/ email address | | |  | | | |
| If the name and/ or address given above have changed during or since treatment, please give details: | | | | | | | | | | | | |
| Previous Name(s) or aliases | |  | | | | | | | | | | |
| Previous Address | |  | | | | | | | | | | |
| **Part 2 – who is making this request, are you the data subject?**  *(delete as appropriate)* | | | | | | | | | | | | |
| **Yes, I am the data subject**  *(go to Part 4)* | | | | | **No, I am not the data subject**  *(Go to Part 3)* | | | | | | | |
| **Part 3 – details of person acting on behalf of the data subject – signature required Part 7** | | | | | | | | | | | | |
| Title *(please circle)* | | Mr. | Mrs. | Miss | | | Ms | | Other *(please specify):* | | | |
| Surname | |  | | | | Forename(s) | | |  | | | |
| Address | |  | | | | | | | | | | |
| Post Code | |  | | | | Telephone No. | | |  | | | |
| **Part 3a – nature of request being made on behalf of the data subject (*the following questions do not need to be answered if the data subject has given authority in Part 2 for you to make this request)*** | | | | | | | | | | | | |
| 1. Do you have legal authority to request the data subject’s information, e.g.: letter of authority, Lasting Power of Attorney? *(please circle your response)* | | | | | | | | | | Yes  *Go to Q.2* | | No  *Go to Q.3* |
| 1. If you have legal authority to request the data subject’s information, have you attached proof? Your application will not be processed without proof *(please circle your response)* | | | | | | | | | | Yes  *Go to Part 4* | | No |
| 1. Do you have parental responsibility for the data subject who is under 12 years of age? *(please circle your response)* | | | | | | | | | | Yes  *Go to Q.4* | | No  *Go to Q.5* |
| 1. If you have parental responsibility for the data subject, have you attached proof (eg child’s full birth cert, court order, etc) Your application will not be processed without proof *(please circle your response)* | | | | | | | | | | Yes  *Go to Part 4* | | No |
| 1. Is the data subject deceased? *(please circle your response)* | | | | | | | | | | Yes  *Go to Q.6* | | No |
| 1. Are you the deceased data subject’s personal representative (executor or estate administrator)? *(please circle your response)* | | | | | | | | | | Yes  *Go to Q.7* | | No  *Go to Q.8* |
| 1. If you are the deceased data subject’s personal representative, have you attached proof? Your application will not be processed without proof *(please circle your response)* | | | | | | | | | | Yes  *Go to Part 4* | | No |
| 1. Do you have a claim arising from the data subject’s death? *(please circle your response)* | | | | | | | | | | Yes  *Go to Q.9* | | No |
| 1. If you have a claim arising from the data subject’s death, have you attached proof? Your application will not be processed without proof *(please circle your response)* | | | | | | | | | | Yes  *Go to Part 4* | | No |
| **Part 4 – proof of identity** *(to be completed by the data subject if making the application, otherwise to be completed by the person acting on behalf of the data subject*) | | | | | | | | | | | | |
| The Trust has a duty to ensure personal information is kept secure. In most cases we will require **copies** of two items of evidence of identity and **all ID must be current**. Please see table below:   |  |  | | --- | --- | | **Type of Applicant** | **Type of Evidence** | | An individual applying for their own records | **Two** items of proof of identity required, eg  - Full birth certificate;  - passport;  - driving license;  - marriage certificate | | Someone applying on behalf of an another individual – over the age of 12 | * **Two** item of proof of the person’s identity A**ND** * **One** item of proof of the representative’s identity (*individuals only - does not apply to solicitors, orgs, etc)* (see examples above) | | Someone applying on behalf of an another individual – under the age of 12 | * **Two** items of proof of the person’s identity A**ND** * **One** item of proof of the representative’s identity (*individuals only - does not apply to solicitors, orgs, etc)* (see examples above) * **Proof of Parental Responsibility**: Copy of Full Birth Certificate or copy of Court Order appointing Parental responsibility, Adoption Order, etc. | | Power of Attorney/ Agent applying on behalf of an individual | * Copy of Power of Attorney **PLUS** * **Two** item of proof of the person's identity **AND** * **one** item of proof of the representative's identity (see examples above) | | ***Deceased Records:***  Patients representative e.g. executor or administrator of estate | * Proof of requestor’s identity **AND** * Copy of Death Certificate * Evidence that they are either Executor or Administrator of the deceased patient’s estate. Evidence could be: * Solicitors letter / Copy of the will * Letter of Administration | | Person with a claim arising out of the patients death | * Proof of requestor’s identity **AND** * Copy of Death Certificate * Evidence of claim, which could be: * Solicitors letter / Copy of the will | | | | | | | | | | | | | |
| **Part 5 – details of information being requested *(to include hospital/consultant, ward/clinic, condition/illness and dates where known)*** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Part 6 – declaration – I am the Data Subject – Please tick and sign as appropriate** | | | | | | | | | | | | |
| I, the undersigned declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply under GDPR and the Data Protection Act 2018 for access to personal data that the Trust holds about me under the terms of that Act. I understand that it is necessary for the Trust to confirm my identity and it may be necessary to obtain more detailed information to confirm my identity and/or locate the correct information.  I hereby give my consent for the person in Part 3 and named below to make a Subject Access Request (SAR) on my behalf under the Data Protection Act 2018 to the Trust. | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | |
| Signature |  | | | | | | | Date | |  | | |
| **Part 7 – declaration - Representative acting on the behalf of the data subject.** | | | | | | | | | | | | |
| I have been asked to act by the data subject and above is the data subject’s written authorisation.  I am aware that it is an offence to unlawfully obtain such information—for example, by impersonating the patient. I certify that the information given in this form is true. | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | |
| Signature |  | | | | | | | Date | |  | | |