

# **Subject Access Request Form**

# Application for access to your personal data held by the School/Good Shepherd Trust (the Trust)

#### **Your Subject Access Rights**

Subject to certain exceptions, you have a right to have access to and / or correct any personal information that the School/Trust holds about you (your 'personal data').

If you wish to make a Subject Access Request, please complete this form carefully and follow the instructions regarding the provision of proof of identity and details of how to return the form to the School/Trust.

The purpose of this form is to ensure that all necessary information to complete your Subject Access Request is provided to the School/Trust. You are not obliged to use this form, but if you do not, please ensure that all necessary information on this form is provided to the School /Trust.

You will not usually need to pay a fee to access your personal data. However, if your request is unfounded or excessive, we may charge a reasonable fee for complying with your request, or we may refuse to comply.

The term "data subject" refers to the person about whom the information is being requested

## Section1 – Details of the data subject

# Section 2 - Are you the data subject?

|     |   | Please tick |
|-----|---|-------------|
| Yes | If you are the data subject, please go to Section 4                     |             |
| No  | If you are acting on behalf of the data subject, please go to Section 3 |             |

# Section 3a

|  | oquocinig and amormaa  | on (it different to Section 1)   |
|--|--|--|
| Title eg Mr, Mrs,  |  |  |
| Miss, Ms, Other  |  |  |
| (please specify)   |  |  |
| First Names  |  |  |
| Surname/Family   |  |  |
| Name   |  |  |
| Company (if applicable)  |  |  |
| Email address  |  |  |
| Address (must NOT  |  |  |
| be a PO box address)   |  |  |
| Telephone number   |  |  |
|  | elationship with the data  | subject that leads you to make this                                    |
| request on their behalf:   |  | Subject that leads you to make this                                    |
|  | nority to release i  |  |
| Section 3c – Autl  A representative needs data can be released.  | to obtain authority from he representative should  |  |
| A representative needs data can be released. signature below, or prosignature, not a copy.  If the data subject lacks should provide evidence guardianship for children authority for the representative needs | to obtain authority from the representative should vide a separate note of a capacity to give authority e of the authority that it has under 12 or a power of the in under 12 or a power of the behalf under the General | nformation the data subject before personal dobtain the data subject's |

### Section 4 – Proof of Identity.

In order to prove the data subject's identity, we need to see copies of two pieces of identification, one from list A and one from list B below. Please indicate which ones you are supplying. Please do not send originals.

In addition, if you are acting on the data subject's behalf, we also need to see evidence of your identity. Please send us two pieces of identification, one from list A and one from list B below.

| List A (one from below)  | List B (plus one from below)  |  |  |  |  |  |
|--|---|--|--|--|--|--|
| <ul> <li>✓ Current valid (signed) Passport</li> <li>✓ Photo driving licence</li> <li>✓ National Identity Card</li> </ul> | <ul> <li>✓ A letter sent to you by the Trust</li> <li>✓ Utility bill showing current home address</li> <li>✓ Bank statement or Building Society Book</li> <li>✓ Council Tax Bill</li> </ul> |  |  |  |  |  |

#### Section 5 – Details of the data required

| Please provide as much detail as you can about the personal data you are             |
|--|
| requesting. To help us locate it quickly please describe as precisely as possible    |
| the information you seek, together with any additional information which will help   |
| us to locate it, for example: the School or departments in which it may be held; the |
| nature of your current/past relationship with the Trust (i.e. student/parent/        |
| employee); the dates on which correspondence or other material may have been         |
| created, etc. Please include your staff number (if applicable) and continuing on a   |
| separate sheet if necessary:   |

| ŀ | ٩re | there | any | specific | dates | you | require | this | inf | ormat | ion t | o re | late | to? |
|---|-----|-------|-----|----------|-------|-----|---------|------|-----|-------|-------|------|------|-----|
|   |     |       |     |          |       |     |         |      |     |       |       |      |      |     |

Please state:

#### **Section 6 – Declaration**

The information which I have supplied in this application is correct, and I am the person to whom it relates or a representative acting on his/her behalf. I understand that the Trust may need to obtain further information from me/my representative in order to comply with this request.

#### Signature of Data Subject/Representative:

Date:

Please return the completed form to:

louisa.mason@goodshepherdtrust.org.uk

or

The Data Protection Officer The Good Shepherd Trust Larch Avenue GU1 1JY

## **Voluntary Information**

| It would be helpful for us to know the reasons for your request, as this information will help us to improve our service (this is voluntary so you don't have to provide any reason and it will have no bearing on the processing of your subject access request): |
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