



Severn Hospice Subject Access Information Request Form

Document ID - SEVH-EF-200

Under the Data Protection Act 1998, you are entitled to request access to personal information held about you Severn Hospice. Completing this form will help to locate your information quickly and efficiently. Please return the completed form to:

The Information Governance Lead, Severn Hospice, Bicton Heath, Shrewsbury, SY3 8HS

Section 1 - Proof of identification

In the boxes below, give details of the name of the person completing this form:

Surname:
Forename (s):
Previous / alternate names:
Date of birth:

Current Address

Address:
Postcode:
Preferred phone number:
Email:

If you are the data subject or acting on behalf of the data subject please provide original proof of your identity bearing your name and address (i.e. passport, driving licence, birth certificate (or certified copy) or at least 2 official letters – e.g. from a utility company).

If you are acting on behalf of the data subject please see section 2.

Please state below what evidence you have enclosed (please X appropriately):

- Birth Certificate
- Passport
- Driving Licence
- Two official letters

Section 2 - Acting on behalf of data subject (if applicable)

If you are acting on behalf of the data subject with their written or other legal authority, please state your relationship with the data subject e.g. parent, legal guardian, or solicitor and the purpose for which the data is being collected (see notes attached)

Please enclose proof that you are legally authorised to obtain this information. The proof could be a letter of authority, letters or official forms addressed to you on behalf of the data subject. Photocopies cannot be accepted. Once entitlement has been established, we will take a copy of the documents you have supplied to us and will return the originals to you.

Please state below what proof of authority you have enclosed (please tick):

Letter of authority

Correspondence

Official Forms

Section 3 – Data subjects details (please see notes attached)

Data subject's details (if different from Section 1)

In the boxes below, give details of the name of the person of the data subject request

Surname:
Forename (s):
Previous / alternate names:
Date of birth:
Address:
Postcode:
Preferred phone number:
Email:
Please provide details of any additional information i.e. previous address you feel may be of assistance to this request:

Section 4 - Declaration

Please read the following declaration carefully, then sign and date it. Please note that any attempt to mislead may result in prosecution.

I, _____ (name) certify that the information provided on this application to Severn Hospice is true. I understand that it is necessary for Severn Hospice to confirm my/the data subject's identity and that it may be necessary for Severn Hospice to request more details from me in order to be able to locate the correct information.

Print name:
Signed:
Date

OFFICIAL USE ONLY:

Date received:
Identity confirmed:
Enquiry log number:
Date responded:

NOTES:

Consent to application by a Third Party: Under the Data Protection Act 1998, an individual is entitled to ask Severn Hospice for a copy of personal information which it holds about him/her for the purposes of providing services to the individual. The information, which the individual is entitled to receive from Severn Hospice includes a description of these purposes, recipients to whom the data are disclosed and the sources of the data. This entitlement is known as the 'Right of Access to Personal Data'. This access may also be granted by another person acting on behalf of the data subject providing written consent is given by the data subject. Please note that in general requests for information about a person other than yourself will be rejected except in the following situations:

- Parents can request information about their children if they are under 16 years of age although there is not automatic right to the data.
- A solicitor may request information on behalf of a client.