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**Data Protection Act
Subject Access Application Form**

The Data Protection Act provides you with the right to look at Personal Data held about you on public authority systems. The information requested below is needed to ensure that your data is not disclosed to unauthorised persons.

1. **YOUR** full name _____
Address _____

Postcode _____
Telephone No _____

2. Are you the **Data Subject** (the person to whom this data relates)
Yes / No
If the answer to this question is **YES**, go to **Part 5 (overleaf)**

3. COMPLETE ONLY IF THE ANSWER TO 2 ABOVE IS 'NO'

Are you an Agent for the Data Subject with written authority to enquire on his/her behalf? Yes / No

If the answer to 3 above is YES, Please attach a copy of the written authority to act on behalf of the Data Subject and enter the name and address of the **Data Subject** below

Full name of the Data Subject _____
Address _____

Post Code _____
Telephone No _____

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4. IF THE ANSWER TO 2 ABOVE IS NO, PLEASE ANSWER THE FOLLOWING

What is your relationship to the Data Subject?.....

I shall need confirmation of your entitlement to act on behalf of the Data Subject

5. To assist in locating the personal information you wish to access, please provide below details of the nature of the data, including any relevant times, dates, venues and/or names of Authority staff involved.

DECLARATION: Please carefully read and, if you agree, add your signature and the date

I understand that, in order to be assured of my/the data subject's identity, it may be necessary for the Information Management Team to obtain more detailed information.

I accept that the forty-day period within which the Authority must, in accordance with the Data Protection Act 1998, respond will not begin until the identification process is completed.

Signed.....

Date.....

RETURN COMPLETED FORM TO:
The Information Management Team
Dorset & Wiltshire Fire and Rescue Service
Five Rivers Health & Wellbeing Centre
Hulse Road
Salisbury SP1 3NR

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