|  |
| --- |
| **Data Subject Access Request Form** |
| **NOTE: this is not a mandatory form. Data Subject Access Requests submitted by post or email will also be accepted but use of this form may speed up the process.****Note: This form is applicable for use by person (third-party) acting on behalf of a data subject** |
| 1. **Details of person requesting information:**

Full name: ……………………………………………………………………………….............................................….Address: ……………………………………………………………………………............................................……....……………………………………………………………………………….............................................……………...Postcode: ……………......…………................…… Tel No: …………………...…..............………………………Email: ………………………....……………………………………………………………… |
| 1. **Are you the data subject?** *(Tick the box to indicate selection)*

[ ]  Yes, I am the data subject [ ]  No, I am acting on behalf of the data subject (third party)*Please add relationship with data subject by selecting the most relevant):*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Spouse [ ]  | Legal Guardian [ ]  | Parent [ ]  | Lawyer [ ]  | Doctor [ ]  | Employer [ ]  | Clinician [ ]  | \*Other [ ]  |
| \*Please add details in this comment box: |

  |
| 1. **Add details of data to be deleted (***Application only for Request to delete records***)**

*Please include Status of records (example Closed)***NHS No:** **.............................................****MRM No:** **..............................................****Status of Record** *(Select relevant status)***:** [ ]  Open[ ]  Closed[ ]  Archived[ ]  Deleted[ ]  Not Applicable |

|  |
| --- |
| 1. **Proof of the data subject’s or third-party identity**

In order to prove the data subject’s or third-party identity, Sensyne Health requires two pieces of identification, one from list A and one from list B. Please tick the box next to the documents you are supplying.**Please do not send originals.** |
| **List A (provide one from below)** |  | **List B (provide one from below)** |
|  | Passport/travel document |  | Utility bill showing current home address |
|  | Photo driving license |  | Bank statement |
|  | National identity card |  | Building society book |
|  | Birth certificate |  |  |
| **Note:** |
| 1. **Details of data required**

Please tick the box next to the data type that you require**You may tick more than one box** |
| [ ]  | All personal data held on me/the data subject |
| [ ]  | Specific data/records only (please explain in the ‘further details’ box below) |
| [ ]  | Specific dates only (please explain in the ‘further details’ box below) |
| **Further details of information requested:**………………………………………………………………………………………………................................…………………………………………………………………………………………………………...............................……………………………………………………………………………………………………...............................…………………………………………………………………………………………………...............................………………………………………………………………………………………………………...............................…………………………………………………………………………………………………………...............................……………………………………………………………………………………………………...............................………………………………………………………………………………………………………...............................………………………………………………………………………………………………………...............................…………………………………………………………………………………………………………...............................……………………………………………………………………………………………………...............................………………………………………………………………………………………………………...............................……………***SH will not charge any fee for a one-time request for information. Subsequent requests and complexity of information requested may result in some charges to the data subject/third-party.*** |
| 1. **Declaration – to be completed by all applicants**

I ……………………………………………………………..., certify that the information given on this application form to Sensyne Health is true.I understand that it is necessary for Sensyne Health to confirm my/the data subject’s identity and it may be necessary to obtain more detailed information in order to locate the correct information.I also understand that the period of 30 calendar days in which Sensyne Health must respond to the request will commence only when they are satisfied with the documentation sent.Signature ………………………………………….…… Date ………………………………………Please return the completed form to DPO/Information and Records manager, Sensyne Health, John Eccles House Robert Robinson Avenue Oxford Science Park Oxford OX4 4GPDocuments which must accompany this application:[ ]  Evidence of your identity[ ]  Evidence of the data subject’s or third-party identity (if different from above)[ ]  Fee (if applicable) |
| **FOR OFFICE USE ONLY** |
| **Date the form was received** |  |
| **ID has been checked** |  |
| **Fee has been paid (optional)** |  |
| **Additional information requested** |  |
| **Date DSAR response sent** |  |
| **Signature** |  |