

APPLICATION FORM FOR REQUESTS FOR ACCESS TO PERSONAL DATA

UNDER THE DATA PROTECTION ACT 2018

Under the Data Protection Act 2018 (DPA), you may request a copy of personal information held about you by us. This form can be used when making a request to us for your personal information.

Please complete this form carefully. The information you enter will help us respond to your request more accurately.

1. Your details

Full Name:

Any former names:.....

Postal Address:.....

.....

Post Code:

Tel No:..... Date of Birth:.....

Email address:

.....

2. Is the request for access to your own personal information? Please tick:-

- YES:** If you are requesting information about yourself, unless you are an employee or a current resident of one of our Care Homes, please provide us with proof of your identity.

→ **Go to question 4**

- NO:** If you are making this request for information about someone else, please provide us with:

- a) written proof that you have the authority to act on behalf of that person e.g. a signed letter from them authorising you to act on their behalf, or a Court Order permitting you to do so;
- b) proof of their identity (unless they are a current employee or resident); and
- c) proof of your identity.

→ **Go to question 3**

To provide proof of identity: Please provide two of the following documents (originals or certified copies):

- photo card driving licence
- passport
- a recent letter or bill from a utility company, government agency, local authority or bank showing your name and address (original or certified copy).

We will return original and certified copy documents to you at the address provided in Part 1 above or Part 3 (as applicable) when we have verified your identity.

3. Details of the person making the request (if different from Part 1)

Full Name:

Postal Address:.....

.....

Post Code:

Tel No:..... Date of Birth:.....

Email address:

.....

Relationship to the person in Part 1:

.....

Authority to act on that person's behalf (*Please enclose original or certified copy of evidence/authority*):

.....

.....

4. Please describe the information you are requesting and provide any relevant information which may help us to locate or identify that information, for example, relevant dates. *

* Please note that if you are requesting further copies of information already provided, or your request is deemed excessive, repetitive or manifestly unfounded, Exemplar Health Care reserves the right to charge a reasonable fee for responding to your request.

5. Please tell us which Care Home your request relates to where applicable:

.....
.....

6. DECLARATION: To be completed by all applicants

I.....
confirm that the information given in this form is true. I understand that it is necessary for Exemplar Health Care to verify my identity and if applicable the person for whom I am acting and it may be necessary to obtain more detailed information in order to locate the correct personal information.

Signature:.....

Print Name:

Date:

Please note we have one month to respond to your request after we have received your written request and evidence of your identity. If your request is complex or for a large amount of data, it may take up to three months. If this is the case, we will write to you and tell you why.

Please return the completed form to a member of staff or send directly to Exemplar Health Care's Legal Director at the following address:

Legal Director and Company Secretary
Exemplar Health Care
Ferham House
Kimberworth Road
Rotherham
S61 1AJ

Or email it to:

Infosec@Exemplarhc.com

For support and guidance on Subject Access Requests, please dial 01709 565795.

Checklist

I have included the following documents with this request *(please tick all that apply)*:

- Evidence of my identity
- Evidence of the identity of the person for whom I am acting (if applicable)
- Evidence or other authorisation from the person for whom I am acting (if applicable)