

## SUBJECT ACCESS REQUEST FORM

At present, Warwickshire County Council does not charge the permitted fee for this service, though reserves the right to do so in the future and for any copies of documents or images.

If you require access to your social care record, please use the 'Social Care Access to Personal Information/Records' form

### A - Please provide the following details about yourself:

SURNAME Please state you maiden name as well, if appropriate	
FIRST name followed by any middle name(s) Please state any alias or other name(s) you may also be known as	
Date of Birth	
Address	
Postcode	
Your previous addresses if different at the time of your contact with the WCC	
Telephone Number:	

### B - If you are applying to see someone else's records please give the details of that person:

Name of Agent:  Address of Agent:   Postcode: Telephone No.:  Your Relationship to the person named above:
<b>Please provide proof of your entitlement to act on behalf of the Data Subject.</b> This may include a Power of Attorney, or a letter or declaration signed by the person indicating they wish you to act on their behalf.

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### **C - Please give any other information that may help us to find your information**

Please describe the information that you are looking for.: e.g. CCTV in Council premises; employee record

If your request is in relation to the viewing of CCTV images, please supply the location, date and approximate time of the recording and a description of what the footage depicts:

### **D - How would you prefer to receive your information if we have any?**

Please indicate

Do you wish to visit one of the Council's premises in order to view the information held about you? **Yes/No**

Do you wish to obtain a copy of the information held about you? **Yes/No**

Sent to you by registered post? **Yes/No**

Collected in person? **Yes/No**

(if yes, the Council will advise you of from where the information should be collected)

Other – please specify .....

Do you need it translated into another language or medium? **Yes / No**

### **E - Proof of Identity**

This must be provided for the person about whom information is required (Section A) **and** the person making the request (Section B) if they are different. Two proofs of identification are required. Suitable proof includes driving licence, passport, utility bill.

If you are sending original documents, you may wish to send your document by recorded delivery.

If you are sending copies, these must be signed and certified as genuine by someone who knows you. It should include their name, address, telephone number and the capacity in which they know you.

**F – Declaration**

Please note – it is a criminal offence to attempt to obtain or to obtain another person's personal information by deception.

The personal information you provide on this form will only be used by Warwickshire County Council for the purpose of locating any information to which you are requesting access. It will only be kept for the period specified in our Archive and Retention policy, details of which are available on request.

I ..... confirm that the information given on this form is true. I understand that it may be necessary for me to provide more information in order to locate the correct records.

Print name .....

Signature ..... Date .....

Please return the completed form in accordance with any instructions you have been given.

If you are not sure who to return this to, please post to:

Data Protection Officer  
Customer, Workforce & Governance  
Warwickshire County Council  
PO Box 9  
Shire Hall  
Warwick  
CV34 4RR

Please note that we do not advise using a public email service to return your completed form as sending personal information by email is not secure.

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