**General Data Protection Regulation 2018**

**SUBJECT ACCESS REQUEST FORM**

Please complete this form if you require emPSN to inform you whether they or someone else on their behalf is holding or processing personal data about you and to supply you with a copy of that information. Under the Data Protection Act 1998 you are entitled to be given a description of the personal data, the purposes for which your information is being processed and those to whom they are or may be disclosed, together with a copy of the information held about you.

The details you provide on this form will be disclosed to officers dealing with your request and will be used within emPSN to validate, locate and review your information.

emPSN will respond promptly to your subject access request but in any event within 40 days from receipt of this form. Should further information be required to identify the data requested, then the 40 days will start from the date we receive that further information.

emPSN will retain your request for a period of 3 years from receipt of your request.

emPSN does not currently charge a fee for responding to a subject access request.

All information will be treated in compliance with the General Data Protection Regulation.

**1. Please enter details of the Data Subject below:**

The term “Data Subject” refers to the person about whom the information is being requested.

|  |  |
| --- | --- |
| **Surname:** | |
| **Title (Mr/Mrs/Ms/Master):** | |
| **Maiden name (if applicable):** | |
| **Forename(s):** | |
| **Present Address:**          **Post Code** | **Previous address (if less than 3 years at Present Address):**        **Post Code** |
| **Date of Birth:** (Your date of birth will be used for verification purposes only) | |
| **Daytime Contact telephone number (including dialling code):** | |

**2. If you are acting on behalf of the Data Subject please complete this section.**

|  |
| --- |
| **Surname:** |
| **Title Mr/Mrs/Ms/Master:** |
| **Forename(s):** |
| **Address:** |
| **Postcode:** |
| **Daytime Contact Telephone Number (including dialling code):** |

If you are acting on behalf of the data subject you will need to enclose their written authority including a signature or other legal documentation (e.g. power of attorney) to confirm this request. You will also need to enclose evidence of your identity and that of the Data Subject.

Note: Details on verification can be located within Section 7 of this form

**3. Please let us know what area your access request relates to:**

If you are unsure of which box to choose but you are aware of the information you require please go to Section 4.

|  |  |  |  |
| --- | --- | --- | --- |
| Information about personal data |  | Access personal data |  |
| Rectify personal data |  | Erase personal data |  |
| Restrict processing of personal data |  | Portability of personal data |  |
| Objection to use of personal data |  | Data profiling |  |

**4. If there is any additional information you feel may be useful in helping to locate the data you require, please enter these details below.**

This may include any other addresses in correspondence to emPSN or on what matter(s) you have contacted the Company giving names of officers and dates or specific details where possible.

|  |
| --- |
|  |

**5. If you require a search of the Company's e-mail system you will need to provide as much information as possible.**

For example names of the authors and recipients of the messages, the subject of the e-mails, the dates or range of dates upon which the messages have been sent.

|  |
| --- |
|  |

**6. To be completed by all applicants:**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the information given on this subject access request form is true. I understand that it is necessary emPSN to confirm my/the data subject’s identity and it may also be necessary to obtain more information in order to locate the correct information.**

**Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please note that any attempt to obtain personal data unlawfully may lead to prosecution. If you are not the data subject or acting on behalf of the data subject (with their written consent) but are attempting to gain access to information that you are not entitled, you will be in breach of Section 55 of the Data Protection Act 1998.*

**7. Please supply a copy of proof of your identity when you return this completed form to us (examples listed below).**

You may wish to send your document recorded delivery. The proof of identity will be returned to you after verification.

* Driving Licence
* National ID Card
* Passport
* Medical Card
* Utility statement/bill

**8. All information in respect of this request will be sent directly to the data subject by recorded delivery. If an alternative arrangement is required please state this below. The company may require further evidence of your identity on receipt of the information.**

|  |
| --- |
|  |

**Your Checklist:**

Have you completed all of the appropriate sections?

Have you signed the form?

Have you enclosed evidence of the data subject’s identity?

If acting on behalf of the data subject, have you enclosed evidence of your identity?

Evidence (written consent) from the data subject to act on their behalf?

**Please return this form to:**

**emPSN**

**4 Prospect Court**

**Courteenhall Road**

**Blisworth**

**Northamptonshire**

**NN7 3DG**

**Telephone: 01604 879869**