



DIOCESE OF **Hexham & Newcastle**

CARE RECORD SUBJECT ACCESS REQUEST FORM

SECTION ONE

Please complete the details about **the person who the access request relates to** (the data subject).

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other (please specify):		
First name			
Surname			
Address			
	Postcode		
Email address			
Tel no			
Date of birth			

Please include a copy of one of the following as proof of identity (tick which one applies):

Passport	<input type="checkbox"/>	Driving licence	<input type="checkbox"/>	Other photo ID	<input type="checkbox"/>
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Is the request on behalf of another individual (i.e. you are NOT the data subject)?	YES		NO	
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*If **Yes**, please go to section two.*

*If **No**, please go to section three.*

SECTION TWO

Please complete with your details only if you are **requesting the information on behalf of the data subject** identified in Section One.

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other (please specify):		
First name			
Surname			
Address			

	Postcode
Email address	
Tel no	

Please include a copy of one of the following as proof of your identity (tick which one applies):

Passport	<input type="checkbox"/>	Driving licence	<input type="checkbox"/>	Other photo ID	<input type="checkbox"/>
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Please indicate in what capacity you are acting on behalf of the data subject and provide evidence (tick which one applies):

Signed letter of authority from the data subject	<input type="checkbox"/>
Lasting power of attorney	<input type="checkbox"/>
Parent/guardian of data subject (child below 12)	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>

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SECTION THREE

Please provide us with further information to help us identify the information you require.

Details at the time of going into care

First name		
Surname		
Address (if known)		
	Postcode	

If you have changed your name, please provide evidence of this in the form of a copy of an adoption certificate, marriage certificate or deed poll document.

Approximate dates in care:

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Name of the care home(s) lived in if known?

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Details of family members

If you were in care with other family members, it is likely that you will share a family file with them. This usually means that there is third party data held in the file about other family members. Under data protection regulations, you are not able to access any information about third parties unless they provide written consent and proof of identity.

Names and dates of birth of parents (if known)

Mother's name	
Date of birth	
Father's name	
Date of birth	

Names and dates of birth of siblings (if known)

Name	
Date of birth	
Name	
Date of birth	
Name	
Date of birth	
Name	
Date of birth	

Please use the section below to give any additional details about the information you are requesting that may help us:

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SECTION FOUR

The information supplied in this application is correct, and I am the person to whom it relates or a representative acting on their behalf. I understand that the Diocese may need to obtain further information from me/the data subject in order to comply with this request.

Signature	
Date	

This form should be completed and sent with all accompanying documents to data.protection@diocesehn.org.uk or by post to: The Diocese of Hexham and Newcastle, Data Protection Team, St Cuthbert's House, West Road, Newcastle upon Tyne, NE15 7PY.

The information you have provided on this form will be stored and used by the Diocese of Hexham and Newcastle only for purposes relating to managing subject access requests. Details of how we process your data, and your rights, are included in the Diocesan Privacy Notice which can be accessed at www.diocesehn.org.uk/privacy-policy/ or by request on 0191 2433317 or at data.protection@diocesehn.org.uk

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ID	
Received by	
Date received	
Actioned by	
Actioned date	