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| **Subject Access Request form** |
| 1. **About you**
 |
| **Full name:** (including any middle names) |  |
| **Address:** |  |
| **\* Telephone number:** |  |
| **\* Email address:** |  |
| \* Providing this additional information will help us to locate your information and contact you quickly if we have any questions or need to update you about your request. |

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| 1. **Who is the information about?**
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| **I confirm that the information being requested is about myself** | **** |
| **NB:** Please enclose a certified photocopy of a piece of photographic id confirming your identify and a utility bill confirming your postal address |
| **I confirm that I am requesting information about someone else** | **** |
| **NB:** Please include their details below and a certified photocopy of any authority to act on their behalf |
| **Full name:** (including middle names) |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email:**  |  |
| **Your relationship to the above individual:** |  |

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| 1. **About the information being requested**
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| **NB:** Please provide a full the description of the information you are requesting including where possible: the record type or the department it was collected by; the time period it was collected or you would like the request to cover; and other relevant details |
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| 1. **Format of the information provided**
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| **NB:** If you would prefer the information is provided in another format to hardcopy or is sent to another address please specify this below. If another address is requested verification of this address will be required. |
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| 1. **Declaration**
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| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[insert name] confirm that the above information is accurate to the best of my knowledge. I understand that it may be necessary for Parkinson’s UK to request additional information to confirm my identify or to locate my information and that failure to provide this or any other information may result in a delay to my request being processed.I confirm that the following documents in support of my request are enclosed:* Certified photocopy of a piece of photographic id AND a utility bill
* Certified photocopy of authority to act on another’s behalf (as required when requesting information about someone else)
* Verification of another address (as required when requesting information to be sent to another address)
 |
| **Sign:** |
| **Date:** |

**Please return the fully completed form to the Data Protection Officer for processing by:**

* **Email :** dataprotection@parkinsons.org.uk
* **Hardcopy:** Data Protection Officer, Parkinson's UK, 215 Vauxhall Bridge Road, London SW1V 1EJ