

SUBJECT ACCESS REQUEST FORM

By completing and submitting this form you are making a request for personal information held by Hope and Homes for Children.

Please provide us with the following details:

Full name	
Date of Birth	
Full Address and post code	
Telephone number	
Email address	

1. Are you making a request for your own personal information?

YES – In order for us to provide you access to the information you have requested we will need to be able to verify your identity. Please provide:

- a) photographic ID, or
- b) two utility bills

If you are providing copies these should be countersigned by an unrelated third party.

Your counter signatory must:

- have known the person applying for at least 2 years
- be able to identify the person applying, eg they're a friend, neighbour or colleague (not just someone who knows them professionally)
- be 'a person of good standing in their community' or work in (or be retired from) a recognised profession e.g. doctor, solicitor, police officer, councillor, teacher, nurse.

They can't be closely-related to or involved with the person applying, eg:

- related by birth or marriage

- be in a relationship with or live at the same address as the person applying

NO – If you are acting on behalf of the individual who requires access to their personal information please provide written authority or evidence of power of attorney. Please complete section 2 of this form.

2. Details of the Data Subject (if different to 1).

Full name	
Date of Birth	
Address and post code	
Telephone number	
Email address	

3. Your relationship with the Data Subject.

Please describe your relationship with the Data Subject and briefly explain why you are requesting this information on their behalf.

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4. The information required.

Please describe with as much detail as possible the information you require, this will assist us in locating the information you require.

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Declaration: [To be completed by all applicants].

I certify that the information given on this application form to Hope and Homes for Children is true. I understand that it is necessary for the charity to confirm my identity/Data Subject's identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signature	
Date	

Please return the completed form, proof of your identity to the Data Protection Officer, Hope and Homes for Children, East Clyffe, Salisbury, Wiltshire, SP3 4LZ

Please note: Hope and Homes for Children will aim to respond to all SARs within 28 calendar days from the date of receipt of this form. If we are unable to respond within that time period or if we require clarification we will make contact with you.