



General Data Protection Regulation 2016 (GDPR) Subject Access Request Form – Guidance Notes

The General Data Protection Regulation (GDPR) gives people the right to know what personal information an organisation has about them. To use this right, you can make what is known as a 'subject access request'.

Only the following people may apply for access to personal information.

- The person who the information is about.
- Someone acting on behalf of the person who the information is about.

You have a right to know whether or not we have any information about you, and a right to have a copy of that information. You have a right to know the following.

- What kind of information we keep about you.
- The reason we are keeping it and how we use it.
- Who gave us your information
- Who we might share your information with and who might see your information.

You also have the right to have any codes or jargon in the information explained.

You won't be able to see information that could:

- cause serious harm to your physical or mental health, or anyone else's
- identify another person unless that person gives their permission.

If you need any more advice about your rights under the General Data Protection Regulation, you can contact the Information Commissioner's Office:

The Information Commissioner's Office – Scotland
45 Melville Street
Edinburgh
EH3 7JL.
Phone: 0131 244 9001
Email: Scotland@ico.org.uk

If you want to make a subject access request, please fill in the form attached.

Fee

Data will be provided **free of charge**. There may be a charge of a 'reasonable fee' when a request is manifestly unfounded or excessive, particularly if it is repetitive.



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A reasonable fee may occur when complying with requests for further copies of the same information. This does not mean that there will be a charge for all subsequent access requests.

The fee must be based on the administrative cost of providing the information.

Response time

We will deal with your request as quickly as possible and within 30 days of receiving your request. If we have any problems getting your information we will keep you up to date on our progress.

Points to consider

Making false or misleading statements to access personal information which you are not entitled to is a criminal offence.

We ask for proof of ID or a countersignature (see section 7) because we have confidential information and we must get proof of your identity and your right to receive any relevant information.

Notes to help you fill in the form

Personal information

Personal information is information we hold about people in information systems and other databases or files. We may hold personal information on paper or on computer.

Section 1: Personal details

This is the person to whom the data relates. Please ensure that this section is completed as fully and accurately as possible to enable us to trace all the required information.

Section 2: Contacts with Edinburgh & Lothians Health Foundation

Please complete as much of this section as you can. Whether you wish to receive all the information or only information relating to one or more specific time periods it will help us to find your details with the minimum of delay.

Section 3: Information you want to access

The General Data Protection Regulation covers both manual (paper) and computerised records.

7: Identification/Countersignature

Everyone must complete this section UNLESS you are providing:

- A certified copy of a Power of Attorney document
- A certified copy of a Guardianship Order



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Because of the confidential nature of the information held by the organisation, it is essential for us to obtain proof of your identity and your right to receive any relevant information. For this purpose it is essential that you provide either proof of your identity or get the application countersigned.

1 – Provide Two Forms of Identification

Examples of these can be found in section 7

2 – Countersignature

Anyone who knows the applicant personally can sign this section as long as it's not a family member or relative.

Section 8: Declaration

This must be completed by the applicant.

| | |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Send your filled-in form to:</u></p> | <p>Head of Fundraising Edinburgh & Lothians Health Foundation 2-4 Waterloo Place Edinburgh EH1 3EG</p> |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <p>Who to contact in the organisation if you have any complaints:</p> | <p>Director Edinburgh & Lothians Health Foundation 2-4 Waterloo Place Edinburgh EH1 3EG</p> |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|



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Please fill in this application form using **BLOCK CAPITALS** and black ink.

Section 1: Personal Details

Please fill in this section as fully and accurately as you can, with the personal details of the person this access request is about. This will help us trace the personal information you need.

| | | | |
|------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|
| First Name: | | Last Name: | |
| Address: | | | |
| Postcode | | | |
| Contact Phone Number: | | | |
| Email Address (this will only be used to process requests, we cannot send confidential information by email) | | | |

If the person this access request is about has changed their name or lived at a different address during the periods of interaction you are interested in seeing information about, please provide these details.

| | | |
|---------------------------|--|--|
| Previous name: | | |
| Previous address: | | |
| Dates from and to: | | |



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Section 2: Contacts with Edinburgh & Lothians Health Foundation

Please provide as much information in this section as possible.

| Details of Contact | Dates from | Dates to |
|--------------------|------------|----------|
| | | |
| | | |
| | | |

Section 3: Information you want to access

Give details in the box below of the records or information you want to access.

Please tick the appropriate box(es) to show which information you want and the format you would like the information in (discuss this with staff if you are not sure).

| Details | Manual (paper) | Computerised |
|--------------------------------------------------------------|--------------------------|--------------------------|
| Ask for a copy | <input type="checkbox"/> | <input type="checkbox"/> |
| Make an appointment to view original records only | <input type="checkbox"/> | <input type="checkbox"/> |
| Receive a copy and make an appointment to view the originals | <input type="checkbox"/> | <input type="checkbox"/> |



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Section 4: Who is Applying For Access to the Information

Please tick the relevant box that applies:

- I am the person named in Section 1 → **Go to Section 7**
- I have been asked to act on behalf of the person named in Section 1, and that person has filled in Section 6. → **Go to Section 5**
- I am the parent or guardian of the person named in Section 1, and that person is under 16 years old and has a general understanding of what it means to request access to personal information (in Scotland, the law presumes this for children aged 12 years and above), and they have filled in Section 6 → **Go to Section 5**
- I am the parent or guardian of the person named in Section 1, and that person is under 16 years old and is not able to understand the request → **Go to Section 7**
- I have been appointed by the court to manage the affairs of the person named in Section 1 and enclose proof of this (**please provide a certified copy**) → **Go to Section 8**
- I hold a welfare power of attorney in relation to the person named in Section 1 and enclose proof of this (**please provide a certified copy**) → **Go to Section 8**

Section 5: Details of the Person Acting on Behalf of Others

You must fill in this section if the person named in section 1 has given you permission to act on their behalf

| | |
|------------------------------------------------------------------------------------------------------------------------|--|
| Name: (Please print) | |
| Address and postcode we should send a reply to: | |
| Contact phone number: | |
| Email Address (this will only be used to process requests, we cannot send confidential information by email) | |

→ Now please complete Section 6



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Section 6: Permission

You must fill in this section if you are the person named in Section 1 and you have given the person named in Section 5 permission to act on your behalf.

I give you, **Edinburgh & Lothians Health Foundation**, permission to give _____
(enter the name of the person acting on your behalf) the personal information requested in this form. I have given them permission to act on my behalf.

Signature: _____ Date: / /

Print Name: _____

→ Now go to Section 7

Section 7: Identification/Countersignature

Everyone must complete this section UNLESS you are providing:

- A certified copy of a Power of Attorney document
- A certified copy of a Guardianship Order

The information we hold is confidential and we must get proof of your identity and your right to receive any relevant information. There are two ways you can do this, **please place a tick in the relevant box next to your preferred option:**

1 – Provide Two Forms of Identification (ID)

We require proof of identification and current address. The following is a list of documents we will accept

Proof of ID

- Copy of the identification/photographic page from a current passport
- Copy of the identification/photographic section of a current driving licence
- Other forms of photo ID including travel pass, work badge

Proof of Address

- Copy of a recent utility bill or bank statement
- Copy of current rental agreement
- Copy of recent pay slips

Please do not send original documents.

Any financial details can be redacted (blacked out) or removed.

OR



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2 - Countersignature

The other way to confirm a person's identity is by providing a countersignature.

You only need to confirm the identity of the person applying, and be a witness when they sign the declaration ([Section 8](#)). You do not need to see the rest of the form.

A family member or relative should not be asked to sign.

In some cases, we may ask the person applying for more documents as proof of their identity.

I (write your full name) _____ confirm that
I have known (name of the person applying) _____ for
_____ years, and I was present when they signed the declaration.

| | | | | |
|-------------------------------------------------|--|--------------|---|---|
| Signature: | | Date: | / | / |
| Full Name: | | | | |
| Profession (for example teacher) | | | | |
| Address: | | | | |
| Postcode: | | | | |
| Phone Number: | | | | |



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Section 8: Declaration

You must sign this section, and if providing a countersignature to confirm your ID the person you have named in Section 7 (the counter signatory) must be present when you sign.

Releasing information

Keeping personal information confidential and secure is extremely important to us.

We use recorded delivery to send documents by post. If you choose to collect the information in person please ensure you have arranged a time with a member of staff and bring along two forms of identification with you, including one which has your photograph on (see description in Section 7 detailing what we will accept).

Please note: we will not release information until we have received your payment, if applicable.

I confirm that the information I have given is correct and that I am entitled to apply for access under the conditions of the General Data Protection Regulation 2016.

Signature: _____

Print Name: _____

Date: / /



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Handy Check List

Before returning the form please make sure the following information has been provided:

Has the form been signed by the applicant?

Has the form been countersigned or copy ID provided?

Have you provided a phone number or email address to enable our office to contact you to discuss your application (if required)?

If you wish to discuss the application further, please contact our office on the following details: –

Head of Fundraising
2-4 Waterloo Place
Edinburgh
EH1 3EG

Telephone – 0131 465 5850