

APPLICATION FOR SUBJECT ACCESS
DATA PROTECTION ACT 1998



Please complete this form if you would like us to supply you with a copy of personal information that we hold about you. You are entitled to receive this information under the Data Protection Act 1998.

The information provided on this form will only be used for processing and responding to your request. It may be disclosed to other Business Units within the Council, or externally in order to process your request (for example if consent is required to release information relating to someone else outside the Council).

We will endeavour to respond promptly and in any event within 40 days of the following:

- On receipt of this completed form and cheque (**see Part 4 - note 1**); and
- On receipt of satisfactory proof of identity (**see Part 4 - note 2**)

Part 1 – Who is making the request (Tick the option that applies)

a) I am making this application for data about me	<input type="checkbox"/>
b) I would like someone else - Mr/s to deal with this application on my behalf. I attach a signed Authorisation of Agent for Subject Access form (IT10B)	<input type="checkbox"/>

Part 2 – Information about the person who the requested information relates to (the data subject)

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Other (please state):	
Forename(s):		Surname:	
Your Address:			
		Date of Birth	
Postcode:		Telephone No.	

If you have moved house within the last twelve months, please give your previous address:

Part 3 – Description of the information being requested

Please help us to deal with your request quickly and efficiently by giving as much detail as possible about the information you want. If possible restrict your request to a particular service, period of time or incident. If necessary continue this section on a separate sheet.

Information requested:

Information requested covers the dates:	From:	To:
Relevant details to help us locate the information. (e.g. address at the time, service or department, names of previous contacts, any file reference if known etc.)		

If you have previously made a subject access request (by yourself or your agent) please state the date

Note: The Council is not obliged to comply with a request if the Council has recently complied with an identical request.

Please note: To gain access to adult Social Care information contact the Information Governance Manager at Torbay Care Trust on 01803 210509.

Part 4 - Notes:

1. By law, the Council is permitted to charge a fee of £10. This request will not be valid until payment is received and we will not proceed with your enquiry under the Data Protection Act. Cheques should be made payable to Torbay Council and sent to the Information Compliance Team at the address below.
2.
 - Satisfactory proof of identity includes: A photocopy of your birth certificate, marriage or civil partnership certificate, driving license (photo card or paper), passport, two different utility bills (for example gas, electricity or water). **You must supply at least 2 forms of identification.**
 - If none of these are available please contact the Information Compliance Team for advice on other acceptable forms of identification.

Part 5 - Checklist – Before submitting this form please check that you have:

- Enclosed the £10 Fee
- Enclosed suitable proof of identity
- Completed an IT10B form if you are appointing someone else (an agent) to make the request on your behalf (see Part 1)
- Enclosed suitable proof of identity for your agent (if submitting an IT10B form – see Part 1)
- Provided enough detail for us to locate the information you want - (include any separate sheets).
- Signed and dated the declaration
- Completed all sections of the form

Part 6 – Declaration (Please complete this declaration and return it to the Information Compliance Team)

I certify that the information provided in this form is true. I understand that the Council is obliged to confirm proof of identity and that it may be necessary to obtain further information in order to comply with this subject access request. I confirm that I have read and understood the terms of this subject access form.

Name:			
Signature:		Date:	

Warning: Anyone who unlawfully obtains or attempts to obtain personal information is guilty of a criminal offence and is liable to prosecution.

This form and enclosures should be completed and returned to:

Information Compliance, Torbay Council, Town Hall, Castle Circus, Torquay, TQ1 3DR

If you have any queries, please contact the Information Compliance Team on: (01803) 207467

FOR INFORMATION COMPLIANCE USE ONLY

Date request & fee received:		Request Acknowledgement sent:	
Fee Receipt No:		Date responded:	
Date scanned:		Date for destruction:	