

# Subject Access Request – Application Form

Please ensure that all relevant sections of the form are completed and all the supporting documentation and fee are enclosed. Failure to do so may delay the processing of your request. Are you the Data Subject? (please tick as appropriate) If "Yes" please complete Section 1 If "No" please complete Sections 1 and 2 Section 1 - Details of the Data Subject Title Mr Mrs Miss (please tick) Other (please state) Surname Forename Please state if you are Date of Birth you known to us by any other Name(s) Address (this is the address we will reply to) Post Code Telephone Number **Email Address Preferred Contact Method** Any previous addresses that are relevant in relation to this request Post Code Section 2 - Contact Details (If different from Section 1) Mrs Miss Ms Mr Title (please tick) (please state) Surname Forename Company Name (if applicable) Address (this is the address we will reply to) Post Code If you can provide us with a telephone number and/or email address it would be appreciated. This will only be used to contact you about your request.

Telephone Number Email Address

**Preferred Contact Method** 

### **Section 3 – Proof of Identity**

### Are you the Data Subject?

Yes: To help establish your identity your application must be accompanied by photocopies of TWO official documents that between them clearly show your name, date of birth and current address e.g. a birth/adoption certificate, driving licence, medical card, passport or other official document that shows your name and address.

Please state which forms of identification you have	supplied	ŀ
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Identification 1		
Identification 2		
	pehalf of the Data Subject with their written authority? If salong with 2 forms of identification and £10.00 fee page	
	otion of your relationship with the Data Subject that leads half: For example a Solicitor.	s you to make this request
		_
Section 4 – Help us	to find the information you want	
	to mid the information you main	
1 Please select from t	•	with any other relevant
nformation. This will hel	he options below the information you would like together to identify the information you require: If you require tele	
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Housing  Complaints  Tenancy Enforcem	he options below the information you would like together to to identify the information you require: If you require telege please complete Sections 4.2 and 4.3	
Housing  Complaints  Tenancy Enforcem  Anti-Social Behavi	he options below the information you would like together to to identify the information you require: If you require telege please complete Sections 4.2 and 4.3	
Housing  Complaints  Tenancy Enforcem  Anti-Social Behavi  Development	he options below the information you would like together to to identify the information you require: If you require telege please complete Sections 4.2 and 4.3	
Housing Complaints Tenancy Enforcem Anti-Social Behavi Development Home Owner	he options below the information you would like together to to identify the information you require: If you require telege please complete Sections 4.2 and 4.3	
Housing  Complaints  Tenancy Enforcem  Anti-Social Behavi  Development  Home Owner  Insurance	he options below the information you would like together to to identify the information you require: If you require telege please complete Sections 4.2 and 4.3  ent  our	
Housing Complaints Tenancy Enforcem Anti-Social Behavi Development Home Owner Insurance Health and Safety	he options below the information you would like together to to identify the information you require: If you require telege please complete Sections 4.2 and 4.3  ent  our	

## **4.2** Telephone Calls and Emails

Telephone Conversations (if applicable please provide the telephone number and dates)	
Telephone Number.       Date From//.       Date To//.         Telephone Number.       Date From//.       Date To//.	
Email Conversations (if applicable please provide any relevant email addresses)	
Email Address Email Address	
Other (If you have not ticked any of the boxes in above, please specify the records you require	e.)
CCTV Images  Location of CCTV camera:	
Location of CCTV camera:	
Location of CCTV camera:  Date image taken: / /	
Location of CCTV camera:	
Location of CCTV camera:  Date image taken: / /	
Location of CCTV camera:  Date image taken: / /  Time image taken between:	
Location of CCTV camera:  Date image taken: / /  Time image taken between:	
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#### Section 5 - Declaration

Please ensure that you complete this section. If this is sent via web we will need you to send it from your email as way of proof and then post in your proof of ID and fee.

	certify that the information given on this application form to the understand that it may be necessary to obtain more detailed t information.
Signature	Date

Before returning this form, please check:-

- You have completed ALL sections in the form
- > You have enclosed TWO identification documents
- > You have signed and dated the form
- You have enclosed the £10.00 fee payable to "The Guinness Partnership Limited"

Once you have completed and checked the form, please send it to:

Information Management, Governance and Risk Team

The Guinness Partnership Bower House 1 Stable Street Hollinwood Oldham OL9 7LH

Or email it to informationmanagement@guinness.org.uk