



St. Helens
Council

**DATA PROTECTION ACT (2018)
DATA SUBJECT REQUEST FORM**

(Office Use only: CRM Ref.....)

1. Details of person requiring the information.

Name:		Date of Birth:
Title:	Previous Name(s):	
Current address:	Previous address: (if in last 2 years)	
Contact Number:		
Email address:		

2. Are you the Data Subject (the person to whom the information relates)?

YES: (Please go to question 5)

NO: (Please complete questions 3 and 4)

3. Details of the Data Subject

Name:		Date of Birth:
Previous Name(s):		
Current address:	Previous address: (if in last 2 years)	
Contact Number:		
Email address:		

4. Please describe your relationship with the Data Subject that leads you to make this request on their behalf.

(e.g. Signed authority of Data Subject, Lasting Power of Attorney or Parental Responsibility)

What authorisation document have you included? (Where necessary)

5. Please tick the box to confirm which right you are requesting:

Right to access copies of personal data	<input type="checkbox"/>
Right to restrict processing of personal data	<input type="checkbox"/>
Right to erase personal data	<input type="checkbox"/>
Right to correct inaccurate personal data	<input type="checkbox"/>
Right to stop processing personal data	<input type="checkbox"/>
Right to review automated decision making	<input type="checkbox"/>
Right to provide an electronic copy of personal data	<input type="checkbox"/>

6. Please describe in detail the personal data your request relates to, together with any other relevant information, such as reference numbers. Please be as specific as possible, this will help us to process your request more efficiently.

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7. Proof of Identification

Data Subject

If you are the Data Subject you must provide **two** forms of identification (these should be originals not copies), one from each of the following:

Acceptable proof of identity:

- Current passport
- Current photo driving license (full or provisional)
- Birth certificate

Acceptable proof of current address:

- Utility bill (last three months)
- Council tax bill (current year)
- Current driving license
- Bank statement (last three months)
- Other official documentation (last three months)

Bring the original documentation into St Helens Council office at Wesley House, Corporation Street, (or the appropriate office listed at the end of this form) then please ensure that staff take a copy and sign it to say they have seen the original. Failure to do so may result in a delay in processing your request.

On behalf of Data Subject

If you are acting on behalf of the Data Subject you must provide as follows:

- **Parent/Guardian** – Provide **two** forms of identification as above
- **Legal Representative** – Explicit written authority and confirmation you have checked and verified the identity of your client
- **Lasting Power of Attorney** – Provide **two** forms of identification as above
- **Any other** – Explicit written authority & **two** forms of identification as above

The Council may need to ask for further information to satisfy the identification requirements. Please remember that your request could be delayed if you do not supply satisfactory identification.

8. Declaration

To process your application you must provide:

- Proof of identity, as required in Section 7
- Explicit written consent/proof of authority (where required)

The information provided on this form will be processed in accordance with the requirements of the Data Protection Act 2018. It will be treated as confidential and used for the purpose of identifying you as the Data Subject (or the Data Subjects representative), and to communicate with you in respect of your request.

Please note that any attempt to use these rights unlawfully may lead to prosecution. If you are not the data subject or acting on behalf of the data subject (with their written consent) but are attempting to use these rights that you are not entitled, you will be in breach of the Data Protection Act 2018.

Declaration (To be completed by all applicants)

I....., certify that the information given on this application form to St. Helens Metropolitan Council is true. I understand that it is necessary for St. Helens Metropolitan Borough Council to confirm my / Data Subject's identity and it may be necessary to obtain more detailed information in order to process the request.

Signature of applicant:
Date:

Note: The period of one month in which St. Helens Metropolitan Borough Council must respond to the request will not commence until it is satisfied upon these matters. The response period may be extended by a further two months where the request is complex or numerous.

Please return the completed form, along with anything else required as per Section 7, to the appropriate Department as follows:

**Adult Social Care & Health or Children & Young People's Services requests:
Access to Records, Gamble Building, Victoria Square, St Helens, Merseyside, WA10 1DY
(Mark appropriately: Adult Social Care & Health or Children & Young People's)**

**All other requests:
Senior Information Management Officer, Internal Audit, Chief Executives Department,
St. Helens Council, Town Hall, Victoria Square, St Helens WA10 1HP**

Further Information

If you have any queries regarding making a request or require any advice/assistance in completing this form please ring the Contact Centre on 01744 676789 and request to speak to the appropriate officer as above.

For office use only Date request accepted: Date reply sent: Date details passed to Systems & Information Management Officer:
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