**Guidance for Subject Access Request Form**

When completing the Subject Access Request form, you must:

* Ensure that your request is in writing
* Provide as much detail as possible, in order to help us in locating the information
* Supply us with proof of identity. This is to ensure that personal data is not disclosed incorrectly.
* You are not required to tell us why you are requesting the information
* Enclose the relevant proof of identity, any consent/ authorization from the Data Subject, in order for us to process your request.

This information is free of charge, however, if the request is considered to be manifestly unfounded or excessive (for example, repetitive requests); the Good Shepherd Centre can charge a reasonable fee or can refuse to respond. The Good Shepherd Centre can also charge a reasonable fee to comply with requests for further copies of the same information and the fee must be based on the administrative cost of providing the information.

Forms of acceptable identification:

* Current full or provisional driving licence
* Passport
* Birth certificate

If you would like to attend our Reception desk on Mon-Fri 9am - 4:30pm, with your original documents, we would be happy to take copies of these.

Otherwise, please provide us with **certified** copies of your documents.

Once we have received your Subject Access Request form, along with all relevant documentation and (fees if applicable), we will process your request within 20 working days of receipt of request.

**Subject Access Request Form**

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| Under the GDPR and the current Data Protection Act, you have a right to access the information which we hold on you. Please be aware that if the information you are requesting is about someone else, then their consent will be required. We would require a copy of this consent.  Please provide the information listed below, and return the form to: [foi@goodshepherdcentre.org.uk](mailto:foi@goodshepherdcentre.org.uk) or post to    **Freedom of Information Officer, Good Shepherd Centre, Greenock Road, Bishopton, PA7 5PW** | | | | | | |
|  | | | | | | |
| 1. **Personal Details:** | | | | | | |
| Full Name (incl. title): | | | | | | |
| Address: | | | | | | |
| Telephone Number: | | | | Date of Birth: | | |
| Length of time at this address: | | | | | | |
| If less than two years, please provide previous address: | | | | | | |
| Email: | | | | | | |
| 1. **Data Subject:** | | | | | | |
| Are you the data subject? Yes / No | | | | | | |
| If **Yes:** | | Please supply 2 forms of proof of identity. One with a photograph and one with your current address. | | | | |
| If **No:** | | If you are acting on behalf of the Data Subject – do you have their consent? If so, then this consent must be provided. | | | | |
| 1. **Data Subject’s details (if different from section 1)** | | | | | | |
| Full Name (incl. title): | | | | | | |
| Address: | | | | | | |
| Telephone Number: | | | | | | |
| Email: | | | | | | |
| Relationship to Data Subject: | | | | | | |
| 1. **The information which you are requesting** | | | | | | |
| Please provide details of the information you wish to access. Please be as specific as possible, and include any dates of employment or placement at Good Shepherd Centre. | | | | | | |
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| 1. **Declaration** | | | | | | |
| The personal information provided for this enquiry will only be retained for as long as it is required to process the enquiry, as well as for Good Shepherd Centre statistical analysis of processing such enquiries. The information will not be used for any other purpose. | | | | | | |
| I certify that the information given above is correct to the best of my knowledge. I understand that it is necessary for Good Shepherd Centre to confirm my identity and that it may be necessary to acquire more detailed information from me in order to locate the correct information. Under the Data Protection Act 1998, I hereby request and consent for Good Shepherd Centre to search records, to contact the relevant areas/staff, to inform me whether any Personal Data as requested in section 2 above is held, and to provide me with a copy of those documents. | | | | | | |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| 1. **Any additional information which may be relevant** | | | | | | |
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| 1. **Date of Request** | | | | | | |
|  | | | | | | |
| **Office Use Only** | | | | | | |
| **Subject Access Authorised:** | | |  | | | |
| **Reason if refused:** | | |  | | | |
| **Name**  **Signed:** |  | | | | **Date:** |  |