

D-HRM-SPU-004	<b>Subject Access Request Form</b>		Rev.:	1-0
			Date:	01/06/2018
Author:	Heather Kipling	Validated by:	Tom Coosemans Martin Pomery	

<b>Subject Access Request (SAR) Form</b>	
<p>Please write in <b>BLACK</b> in <b>BLOCK CAPITAL LETTERS</b>.</p> <p>I am the Data Subject (The person the information is about): <input type="checkbox"/></p> <p>I am acting on behalf of the Data Subject: <input type="checkbox"/></p> <p>Please complete Parts 1, 2, 3 and 4 as required.</p> <p>If you are seeking information on behalf of someone who is unable to act for themselves, you must explain your relationship, what information you require and why it is required. Please note that information relating to someone else will not be disclosed without data subject's written consent or an appropriate Court Order or Power of Attorney. Accordingly, I enclose:</p>	
The Data Subject's written consent to disclosure of the information requested at Part 3:	<input type="checkbox"/>
A court Order (e.g. Power of Attorney) permitting release of the information requested at Part 3:	<input type="checkbox"/>
My Relationship to the subject is ( <i>Please specify e.g. Partner/Father/Mother</i> )	

<b>Part 1 – Data Subject Personal Details</b>				
Surname:		Full Forename (s):		Title:
National Insurance Number:		Date of Birth		
Contact Tel. No:		E-mail Address:		
Please ensure the email address you provide is where you want the information to be sent and note that we require your daytime telephone number in the event we need to speak to you about your request.				

<b>Part 2 – Alternate Requestor's Personal Details</b>				
If seeking information on behalf of someone else please provide your full name and contact details below.				
Surname:		Full Forename (s):		Title:
Contact Tel. No:		E-mail Address:		

D-HRM-SPU-004	<b>Subject Access Request Form</b>		Rev.:	1-0
Date:			01/06/2018	
Author:	Heather Kipling	Validated by:	Tom Coosemans Martin Pomery	

<b>Part 3 – Information Requested</b>	
State clearly the information you require, with dates where known e.g. my medical record while working at Smulders UK 1990 -1993	
Please provide as much information as possible to assist us in locating your data	

<b>Part 4 – Declaration by Requestor</b>				
<i>Verification of identity is required before your request can be processed:</i>				
I enclose as verification of identity a photocopy of my:	Passport: <input type="checkbox"/>	Driving Licence <input type="checkbox"/>	Utility Bill: <input type="checkbox"/>	Other: <input type="checkbox"/>
I declare that, to the best of my knowledge, the information I have provided on this form is correct.				
Signature:		Name in Capitals:		
		Date:		

**PLEASE SEND THE COMPLETED FORM TO THE HR MANAGER AT SMULDERS, HADRIAN WAY, WALLSEND NE28 6HL.  
WE WILL RESPOND TO YOUR REQUEST WITHIN ONE CALENDAR MONTH FROM THE DATE OF RECEIPT.**