**SUBJECT ACCESS REQUEST**

NOTE: **This is NOT a mandatory form**

Subject Access requests made in other formats will also be accepted, this form is designed to speed up the process

**GUIDANCE - PLEASE READ BEFORE FILLING IN THE SUBJECT ACCESS REQUEST FORM**

|  |  |
| --- | --- |
| **Section 1** | – Details of the person who is the subject of this request (the Data Subject) |
| **Section 2** | – Proof of the Data Subject’s identity |
| **Section 3** | – Details of the information required |
| **Section 4** | – Details of the person making the request, if not the Data Subject |
| **Section 5** | – Authority to release information to someone other than the Data Subject |
| **Section 6** | – Declaration that the information in the form is correct |

**What information will help with the processing of my subject access request?**

Identification of relevant records will be easier if you can provide specific details such as specific things you may be wishing to see, dates of meetings, letters etc.

We will also require satisfactory proof of identity without which your application could be delayed.

Satisfactory proof of identity is a passport, driving licence, birth certificate.

**How long will it take to get my data?**

Once we are satisfied that you meet the criteria for disclosure of data under the General Data Protection Regulations, and have provided sufficient information, you should receive a response within one month from the date that we accept your application for processing. However, if your request is made during school holiday time when school is closed (which has been reported as closed in the annual term dates calendar), your request will be dealt with within one month from the first day the school is open.

Records may be held in several different locations in paper and electronic formats. If you only require specific information and you clearly state what that is – for example a specific document or IT-only data – then you are likely to get a quicker disclosure.

# GENERAL NOTES

1. We will acknowledge your application in writing.
2. When we process requests for individuals who are now aged 16 or over, we require their signature of authority and verification of identity before disclosing data.
3. The documents that you receive may have data redacted (blacked-out) or contain rough notes that may lack clarity. This is because we aim to supply copies of the original records whenever possible. However, where records contain information about other individuals we cannot release this information to you under the GDPR, e.g. another person’s data, this is removed.

We will not disclose information by fax or telephone. Disclosure by post is usually made by first class post to the address you provide in section 1 or in person.

## CHECKLIST

* Have you completed all relevant sections of the form?
* If you are submitting the form yourself, have you signed the form at Section 4?
* If you are signing as a parent/carer of a child under 16, have you provided a photocopy of their full birth certificate, photocopies of any court orders and proof of your identity?
* Have you signed the declaration in Section 4?
* Have you provided as much information as possible to enable us to find the data you require?

**Please send your completed form and proof of identity to:**

Data Protection Officer Tel: 01543 472 245

The Small Schools Multi Academy Trust Email: dpo@tssmat.staffs.sch.uk

Crawley Lane

Kings Bromley

Burton Upon Trent

DE13 7JE

**SECTION 1 – DATA SUBJECT DETAILS**

|  |  |  |
| --- | --- | --- |
| Forename(s): |  |  |
| Surname: |  |  |
| Preferred Name: |  |  |
| Other name(s) known by: |  |  |
| Date of Birth (dd/mm/yyyy): | ……../……./………. Male | or Female |
| Date of Leaving (if applicable): | ……../……./………. |  |
| Current Address: |  |  |
|  |  |
|  |  |
| Postcode |  |  |
| Daytime Telephone No: |  |  |
| Email Address: |  |  |
| Previous Address (if applicable): |  |  |
|  |  |
|  |  |
|  |  |
| Postcode: |  |  |

**SECTION 2 – PROOF OF THE DATA SUBJECT’S IDENTITY**

In order to prove the data subject’s identity, we need to see copies of two pieces of identification.

## Please DO NOT send an original passport, driving licence or identity card

|  |  |  |  |
| --- | --- | --- | --- |
| Passport/Travel Document |  | A letter/report sent to you by the school |  |
| Photo driving licence1 (where applicable) |  | Full birth certificate |  |

1. ex-pupil only who has reached 17 years

**SECTION 3 – DETAILS OF INFORMATION REQUIRED**

Please use this space to give us any details about the information you are requesting, for example by stating specific information you require (use extra sheets if necessary):

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|  |

## SECTION 4 – APPLICANT DETAILS (if not the data subject)

|  |  |
| --- | --- |
| Name: |  |
| Relationship to Pupil: |  |
| Address & Postcode: |  |
|  |
|  |
| Daytime Telephone No: |  |
| Email Address: |  |

Please provide copies of two pieces of identification.

Please DO NOT send an original passport, driving licence or identity card

|  |  |  |  |
| --- | --- | --- | --- |
| Passport/Travel Document |  | Utility bill showing current home address |  |
| Photo driving licence |  | Bank statement or Building Society Book |  |
| Foreign National Identity Card |  |  | |

## SECTION 5 – AUTHORITY TO RELEASE INFORMATION TO A REPRESENTATIVE

A parent/carer needs to obtain authority from the applicant before personal data can be released, if the applicant is capable of consent. The representative should obtain the applicant’s signature below, or provide a separate note of authority.

This must be an original signature, not a photocopy (tip: using blue ink often helps verification).

|  |  |
| --- | --- |
| I hereby give my authority for the representative named in Section 4 of this form to make a Subject Access Request on my behalf under the General Data Protection Regulations 2018. | |
| Signature of Applicant: | Date: |
| Signature of Representative: | Date: |

## SECTION 6 – DECLARATION

The information which I have supplied in this application is correct, and I am the person to whom it relates or a representative acting on his/her behalf.

|  |  |
| --- | --- |
| Signature of Applicant: | Date: |
| **TIMESCALE (FOR OFFICE USE ONLY)**Date received: | |
| Deadline for response (one month): | |