**Appendix 1: Subject Access Request Form**

Application to receive Personal Information held by Education Links

Please complete in BLOCK CAPITALS if handwritten

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| Section 1 – The Request | | |
| I am the person the information is about | ☐ | if yes, please tick and then complete  **Sections: 3, 4, 5 and 6** |
| OR |  |  |
| I am acting on behalf of someone else | ☐ | if yes, please tick and then complete  **Sections: 2, 3, 4, 5 and 6** |

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| Section 2 – The Information requested is about someone else | | | | | |
| I am the child’s parent | | | ☐ | I enclose proof of parental responsibility | |
| The child is over the age of 13 | | | ☐ | I enclose consent to share from the child | |
| OR | | |  |  | |
| I am the personal representative  for a deceased person | | | ☐ | I enclose evidence of this | |
| I am requesting the information on  behalf of someone else | | | ☐ | I enclose a consent to share form | |
| If you are requesting information on behalf of someone else,  please give YOUR details below: | | | | | |
| Full  Name: |  | Relationship to data subject: | | |  |
| Contact Number: |  | Email Address: | | |  |
| Postal Address: |  | | | | |

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| Section 3 – Who is the Person that the information relates to?  (The ‘Data Subject’) | | | | | |
| Title: |  | First Name: |  | Surname: |  |
|  |  | Maiden Name: |  | Other Names: |  |
| Date of Birth: |  | Contact Number: |  | Email Address: |  |
| Postal Address: |  | | | | |

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| --- | --- | --- | --- | --- |
| Identification Documents - please select one from each section | | | | |
| Category 1:  Photographic Proof of Identification | |  | Category 2:  Proof of Address | |
| Passport | ☐ |  | Bank Statement | ☐ |
| Driving Licence | ☐ |  | Utility Bill | ☐ |
| Other | ☐ |  | Other | ☐ |
| If other please state what equivalent is being supplied: | |  | If other please state what equivalent is being supplied: | |
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| Section 4 – Details of the information being requested |
| Please help us deal with your request quickly and efficiently by giving as much detail as possible about the information you would like |
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| Section 5 – Access to the Information |
| How would you prefer to receive your information? |
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| If you have any special needs when viewing information please state here |
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| Section 6 – Declaration | | | |
| I certify the information provided on this form is true.  I understand Education Links is not obliged to comply with my request unless they are supplied with such information as they may reasonably require in order to satisfy themselves as to:   * my identity and * to locate the information which I seek | | | |
| Name |  | Date |  |
| Signature |  | | |
| Warning – a person who unlawfully obtains, or attempts to obtain, personal information is guilty of a criminal offence and is liable to prosecution | | | |

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| Once the Form is Complete: | |
| Send this completed form to: | Principal  Education Links  90 Chandos Road  London  E15 1TT |
| For queries, please contact: | |
| Telephone: | 020 8555 0850 |
| Email: | office@education-links.org |
|  | |
| Data Protection: The information included on this form will be used for the purpose of handling your subject access request and will not be kept longer than is necessary to do so. | |
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| Please Note: If your Subject Access Request relates to a deceased person’s personal information, you are advised to contact us in order that we can advise you of the process for requesting this type of information. | |
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