**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 representativefor a deceased person | ☐ | I enclose evidence of this |
| I am requesting the information onbehalf 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: | PrincipalEducation Links90 Chandos RoadLondonE15 1TT |
| For queries, please contact: |
| Telephone: | 020 8555 0850 |
| Email: | office@education-links.org |
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| 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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