

SUBJECT ACCESS REQUEST FORM

Please note: Where the term "Data Subject" is used it refers to the person whom the information is being requested for.

1. Details of person requesting the information

Full Name: **Mr/Mrs/Miss/Ms**.....
Address:
.....
..... Post Code:
Tel No: Mob No:
Date of Birth: Email:

2. Are you the Data Subject?

YES: If you are the Data Subject please supply evidence of your identity i.e. driving licence, birth certificate passport or marriage certificate. (Photocopy).
If fertility copies are required, please also include partners consent and copy identification.
(Please complete question 5)

NO: Are you the Next of Kin, Legal Representative, hold Power of Attorney etc?
Please provide evidence. (Photocopy). Consent for child over 16 required.
(Please complete questions 3 - 5)

3. Details of the Data Subject (if different to 1).

Full Name: **Mr/Mrs/Miss/Ms**
Address:
.....
..... Post Code:
Tel No: Mob No:.....
Date of Birth:..... E-mail:.....

Continued overleaf

4. Please describe your relationship with the Data Subject that leads you to make this request for information on them i.e. Mother, Father etc.

.....
.....

5. Please indicate the information you seek together with any other relevant information. This will help to identify the information you require.

.....
.....
.....
.....

Free of charge if you have been an in patient or out patient within the last 40 days.

The organisation is allowed to charge for each request. The current fee is £5.00 to cover locating information, copying and sending by Post. Please make cheques (do not send cash in the post) payable to:

BEDFORD HOSPITAL NHS TRUST.

Declaration to be completed by all applicants. Please note that any attempt to mislead may result in prosecution.

I certify that the information given on this application form to Bedford Hospital NHS Trust is true. I understand that it is necessary for the Bedford Hospital to confirm my/Data Subject's identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signature:Date:

Please note: *The period of 40 days in which the Hospital must respond to the request will not commence until it is satisfied upon these matters.*

Please return the completed form to: Rachel Williams
Subject Access Officer
South Wing Hospital
Simon Whitbread House
Kempston Road
Bedford
MK42 9DJ

Documents which must accompany this application:

- a) Evidence of your identity (photocopies - passport, driving licence, birth certificate etc).
- b) Evidence of the Data Subject's identity (photocopies) (if different from above).

X-RAYS NEED TO BE REQUESTED FROM THE X-RAY DEPARTMENT. EXT 2822.