



Great Yarmouth
& Waveney

Subject Access Request Form

1. DATA SUBJECT DETAILS

| | |
|---|--|
| Title | |
| Surname | |
| Forename(s) | |
| Current Address | |
| Contact number(s) | |
| Email address | |
| Date of Birth | |
| Means of identification to confirm name of Data Subject (passport/driving licence/ document with name and address) | |
| Details of data being requested | |
| | |

2. DETAILS OF PERSON REQUESTING THE INFORMATION (if you are not the person named above)

Are you acting on behalf of the data subject with their [written] or other legal authority? YES/NO

If 'Yes' please state your relationship with the data subject : Parent/legal guardian/solicitor/other

| | |
|---|--|
| Title | |
| Surname | |
| Forename(s) | |
| Current Address | |
| Contact number(s) | |
| Email address | |
| Date of Birth | |
| Please provide proof you are legally authorised to obtain this information | |

DECLARATION

I,, the signatory and person identified above as the Data Subject, hereby request that Great Yarmouth & Waveney Mind provide me with the personal data about me requested above.

Signature: Date:

OR

I,, the signatory and person identified at section 2 above, hereby request that Great Yarmouth & Waveney Mind provide me with the personal data requested above on behalf of (Data Subject).

Signature: Date:

PLEASE RETURN THIS FORM TO THE CEO @ GREAT YARMOUTH & WAVENEY MIND