



Subject Access Request

You can use this form to ask to see a copy of personal data that we hold about you, in line with the General Data Protection Regulations (GDPR), Chapter 3, Article 15 (Recitals 63 & 64).

You can also use this form to ask to see the records on behalf of someone else, as long as you are legally allowed to act on their behalf. This includes:

- Making a request for a child
- Making a request for someone that you have power of attorney for.

You should fill in all sections of the form that apply to you. Note that:

- Section 1b should only be completed if you, or the person you are making the request for, currently works or has previously worked for Physiological Measurements Ltd and you are requesting copies of your personnel records.
- Section 2 should only be completed if you are making the request on behalf of someone else.

Section 1: Details of the person this request is about (the 'Subject')

Please tell us the details below about you, or the person you are applying on behalf of, so that we can check for the information we may hold:

<i>Title</i>	
<i>Surname</i>	
<i>First Name</i>	
<i>Former Surname</i>	
<i>Date of Birth</i>	
<i>Gender</i>	
<i>NHS Number (if known)</i>	
<i>Contact Number (day)</i>	
<i>Email Address</i>	
<i>Home Address (inc. postcode)</i>	



Getting as much information as possible helps us find the information you want. If the subject has been known by a different name or has lived at a different address during the time span of your enquiry, please give details below:

Name:	From (date):	To (date):
Address (inc. postcode)		
Name:	From (date):	To (date):
Address (inc. postcode)		

Section 1b

Section 1b should only be completed if you, or the person you are making the request for, currently works or has previously worked for Physiological Measurements Ltd and you are requesting copies of information from your employment records.

Name(s) of employing authority:	From (date):	To (date):
Name(s) of employing authority:	From (date):	To (date):

Section 2: Written authority to act on behalf of the person you are making the request for

This section should only be completed if you are making the request on behalf of someone else. If you are not the subject, but are acting on behalf of the subject, please tell us the details below. We need to know what gives you the authority to act on their behalf, so please state your relationship with them, for example, parent, solicitor, or holder of power of attorney.

Full Name	
Relationship with the subject	
Contact Number	
Email Address	
Address	



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Section 3: Proof of Identity

Please do not send any original documents. You can send printed copies or electronic copies.

Applying for yourself

If you are applying for yourself, we need to see:

- one document confirming your name, from Group A, below
- one document confirming your address, from Group B, below

Applying on behalf of someone else

If you are applying on behalf of someone else, we need to see:

- one document confirming your name, from Group A, below
- one document confirming the name of the person you are applying on behalf of, from Group A, below
- one document confirming your address, from Group B, below
- one document confirming the address of the person you are applying on behalf of from Group B, below
- all documents needed to show that you have the authority to access the records, from Group C, below.

A. Documents that confirm your name:

- Full driving licence
- Passport
- Birth certificate
- Marriage certificate

B. Documents that confirm your address:

- Utility bill
- Bank statement
- Credit card statement
- Benefit book
- Pension book

C. Documents that confirm you are allowed to act on behalf of the person you are making the request for:

- Health and Welfare Lasting Power of Attorney
- Court of Protection Order appointing you as a personal deputy for the personal welfare of the Subject
- Full birth certificate of child
- Full certificate of adoption



- Parental responsibility order
- Signed declaration from the subject

We may get in touch with you for further information.

Please tell us which copies of documents you are providing:

A: Confirmation of Name	
B: Confirmation of Address	
C: Third Party confirmation	

Section 4: What information do you require?

Please tell us if you want information on:

- Health and care data
- Personnel records
- A specific question

Section 5: Helping us to find the information

Please use the space below to provide further details that may help to locate your information. If you are looking for information to answer a specific question, please tell us about it here. Please supply as much detail as possible such as:

- for employment records – names of individuals who you believe may hold your personal data or data on the person you are acting on behalf of
- any other details you think may be helpful.

If you have a personnel query, there might be a lot of information on you, and a guide to the date range we should search in can be helpful.



Section 6: where you would like the copies of your information to be sent

We can send copies of the information we hold about you by post or electronically.
If we send information electronically by email, any documents will be password protected.

If you would like to get your information by post, please note that information posted by special delivery will need a signature upon receipt. However, if the Royal Mail are unable to deliver to the address given and need to return the documentation to Physiological Measurements Ltd this will be returned by normal post (that is, not securely).

Please tell us where you would like your information sent (*please select one option*):

- I am the Data Subject and would like my information posted to my home address given in Section 1.
- I am the Data Subject and would like my information sent to my email address given in Section 1.
- I would like my records to be sent to my GP.

GP Name:	
Address: (inc. Postcode:	

- I am acting on behalf of the Data Subject and would like my information posted to the address given in Section 2.
- I am acting on behalf of the Data Subject and would like my information sent to the email address given in Section 2.

Section 7: Declaration

Unless there is Health and Welfare Lasting Power of Attorney or the application is being made on behalf of a child under the age of 13, everyone named on this form should sign below.

I confirm that the information that I have supplied in this application is correct, and I am the person to whom it relates, or I am acting on behalf of the Data Subject and have enclosed the relevant proof of authority as detailed in Section 3.

Data Subject:

Signature: Date:



Print Name:

Person making a request on behalf of the data subject:

Signature: Date:

Print Name:

Your Checklist

- Is your contact information correct?
- Have you enclosed acceptable identification?
- Have you signed the form?
- Have you completed all the relevant sections?