**Subject Access Request**

**Request to Access : Northern Staff data**

**Under the Data Protection Act 2018**

If you are the Employee applying to see a copy of the personal data we hold about you, please complete sections 1, 3 & 6 and provide the documents requested in Section 5.

If you are applying for access to someone else’s personal data, please complete sections 1, 2, 3, 4 & 6 and provide the documents requested in Section 5.

1. **Details of personal data required :**

 Dr /Mr / Mrs / Miss / Ms

Surname ................................................................ Forename(s) ..................................................

Address ..........................................................................................................................................

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

Email Address ................................................................................................................................

Daytime telephone number .......................................... Date of Birth ............................................

Please give details of your place of work:

Hospital …………………………………………….…………………………………………………........

Department .....................................................................................................................................

Line Manager …..............................................................................................................................

Are you a current employee? Yes / No *(please delete as applicable)*

If No – please provide leaving date …..…………………….……………...…………………………...

Please specify information required …………................................................................................

....................................................………………..............................................................................

*(please state month/year if possible)*

1. **Details of applicant :**

*Please complete this section if you are* ***NOT*** *the employee as detailed in Section 1 above*

Dr /Mr / Mrs / Miss / Ms

Surname .................................................................. Forename(s) .....................................................

Address ...............................................................................................................................................

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

Daytime telephone number (if known) ..................................................................................................

1. **Declaration :**

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the personal data under the Data Protection Act 2018:

I am: (*please delete as applicable*)

1. the employee referred to in Section 1

2. the person who has been asked to act on the employee’s behalf, by the employee, who has signed Section 4 below.

Signed .................................................................................................. Date ...................................

1. **Authorisation :**

This section should be completed and signed by the employee, to authorise the person identified in Section 2 to act on their behalf.

I hereby authorise Royal Devon University Healthcare NHS Trust to release personal data detailed in Section 1 to:

…….……...........................................................................................................................................

*(name of applicant in block letters)*

Signed .................................................................................................. Date ...................................

*(signature of employee)*

1. **Documentation required:**
* Employees requesting access, please provide a copy of one of the following to confirm your identity:
* A person who has been asked to act on the employees behalf, please provide a copy of one of the following for **Both** yourself **And** the employee:

🞎 **Driving Licence** 🞎 **Passport** 🞎 **Birth Certificate**

1. **Accessing options:** *(please select one option):*

I would like to attend to view the records 🞎

I would like paper copies 🞎

I would like electronic files 🞎

When complete, this application form and proof of ID documents should be returned to:

**Information Governance Team, Devonshire House, Barnstaple, EX31 1SW**

rduh.ig-northern@nhs.net