

## Application for Subject Access to Non Clinical Records

Please fill in this application form using BLOCK CAPITALS and black ink.

### Section 1: Personal Details

Full Name of Data Subject:	
Previous Name[s](If applicable):	
Current Address:	
Former Address (if applicable with date of change):	
DOB:	
Payroll Number (if applicable):	
Contact Phone Number:	
Contact Email Address:	

Please detail the information you are requesting in the box below

Please put an X in the appropriate box to show the format you would like the information:

View original records only	<input type="checkbox"/>	Provide a copy	<input type="checkbox"/>
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**Section 2: Declaration**

You must sign this section and provide photographic identification. Any of the following is acceptable

- Passport
- Driving Licence
- Bus Pass
- Student Card

**Releasing Information**

Keeping personal information confidential and secure is extremely important to us. Please note we will send copies of information by recorded delivery post unless otherwise advised.

If you choose to collect the information in person we will require to see two forms of identification from you, including one which has your photograph.

I confirm that the information I have given is correct and that I am entitled to apply for access under the conditions of the Data Protection legislation.

I am the person named in Section 1.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3: Details of the person acting on behalf of the data subject**

<b>Name of Data Subjects Representative (If applicable):</b>	
<b>Address of Data Subjects Representative (If applicable):</b>	
<b>Contact Phone Number:</b>	
<b>Contact Email Address:</b>	

Please tick the appropriate box below:

<input type="checkbox"/>	I have been asked to act on behalf of the person named in Section 1, and that person has completed section
<input type="checkbox"/>	I have been appointed by the court to manage the affairs of the person named in Section 1 and enclose proof of this.

**Section 4: Permission**

You must fill in this section if you are the person named in Section 1 and you have given the person named in Section 3 permission to act on your behalf.

I give NHS Forth Valley permission to give:

\_\_\_\_\_ (enter the name of the person acting on your behalf) any personal information about me. I have given them permission to act on my behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_