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|  | **GENERAL DATA PROTECTION REGULATIONS (GDPR)****SUBJECT ACCESS REQUEST FORM** |  |

This form is to be used by individuals who wish to find out what information, if any, NES is holding or is processing that relates to them. There is a guide to assist you in filling in this form.

The information requested below will help NES confirm your identity in order to protect privacy, and find any data held relating to you.

**Section 1 – About yourself** [See note 6]

|  |  |
| --- | --- |
| Title (Mr, Mrs, Dr etc) |  |
| Family Name |  |
| Given name(s) |  |
| Training number (if applicable) |  |
| Professional reference number (if applicable) | (e.g. GMC, GDC or NMC number) |
| Telephone number (Day) |  |
| Email address  |  |
| Correspondence Address[[1]](#footnote-1) |  |
|  |
| Post Code |  |

If you would have been known to us by a different name during the period to which the information you are seeking relates, please state those name(s) here:

|  |
| --- |
|  |

I am / I was…(tick as appropriate)

|  |  |
| --- | --- |
| …a health practitioner receiving training: □ | Discipline: |
| From (Date): |  | To (Date): |  |
| …a tutor/trainer/lecturer □ | Discipline: |
| From (Date): |  | To (Date): |  |
| …an employee of NES: □ | Post held: |
| Employee no.: | Dates of employment: |
| …other: **□** | Please specify: |
| From (Date): |  | To (Date): |  |

**Section 2 – Proof of identity** [See note 7]

|  |
| --- |
| To help establish your identity, pleasesubmit a copy of one document from each of the following categories with your application:(a) Confirmation of name:Full driving licence\*, passport, birth certificate.(b) Confirmation of name and address:-full driving licence\*, utility bill, bank or credit card statement, child benefit book, pension book (or other equivalent/similar official document – but it MUST show your name and address).\*Complete copy of both parts of your full (not provisional) driving licence will be sufficient for both categories. |
| **I am providing the following types of identification:** |
| **(a)** |  | **(b)** |  |

**Section 3 – Helping us to find the information** [See note 8]

Please use the space below to provide further details that may help to locate the information sought. For example specific documents or information that you are seeking; the name of people in NES with whom you dealt; the type of contact you had with NES.

|  |
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|  |

**Section 4 – Declaration** [See note 9]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Declaration** (to be signed by the applicant)**The information that I have supplied in this application is correct, and I am the person to whom it relates.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**Warning – attempting to obtain personal data to which you are not entitled may be an offence under the Data Protection Regulations.** |

**Your Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| Is your contact information correct? |  | Have you signed the form? |  |
| Have you enclosed acceptable identification? |  |  |  |
| Have you provided information to assist us in identifying and finding the information? |

***Send to:***

**Information Governance Manager**

**NHS Education for Scotland**

**Westport 102**

**West Port**

**Edinburgh, EH3 9DN**

**Guide to making a Subject Access Request**

**1. Introduction.** These notes are intended only as a guide to completing the NES Subject Access Request form, not as a guide to the General Data Protection Regulations itself. For further advice on filling out the forms, please telephone us on 0131 656 3200 or email us at: nes.InformationAssurance@nhs.scot.

Data protection law is set out in the General Data Protection Regulations obtainable from The Stationery Office or the Information Commissioner’s web site. <http://www.ico.gov.uk/>

**2. Your Rights.** Under the Regulations you have right to be told whether the NES, as a data controller, is holding or processing any information about you; and if so, to be provided with a copy of that information.

**3. Exemptions.** Where an exemption applies under the Regulations, NES may not provide you with the information covered by the exemption. For example, where providing some information would breach the privacy of another individual, we may withhold it.

**4. Processing by NES.** Applications will be processed promptly, but in any event a response will be made within 30 calendar days, as permitted under the Regulations, from the date that we accept the properly completed application form along with your proof of identity.

**Completing the application form**

**6. Section 1 – About Yourself.** Please give us full and accurate information about yourself that will assist us in finding the information you require. For your protection, any correspondence that we send you (including any information that we send to you in response to your request) will be sent only to the home address that you give here unless you specify an email response and provide an email address for the purpose. Where you have submitted the request via legal representatives, you are still required to complete the form in full and provide proof of identity. Our response will be sent to your legal representatives' registered offices.

**7. Section 2 – Proof of identity.** NES will only provide the information relating to you if we are satisfied that you are the person who is entitled to the information. We therefore require you to provide us with reasonable proof of identity. Examples of the types of identity documents that we will accept are listed under Section 2.

**8. Section 3 – Helping us to find your information.** To make sure you receive all relevant data, if possible please try to specify the nature of the information that you are seeking and the duration and nature of your relationship with NES.

**9. Section 4– Declaration.** Please sign and date the application. We are unable to accept applications that have not been signed by the person whose details are supplied in section 1, and will not process any application unless it has been signed and dated.

**Warning – attempting to obtain personal data to which you are not entitled may be an offence under the Data Protection Regulations.**

**11. Your Checklist.** This is a brief checklist to help you ensure that you have completed the form properly.

**12. Submission. P**lease send the completed form together with your proof of identity and fee to:

**Information Governance Manager**

**NHS Education for Scotland**

**Westport 102**

**West Port**

**Edinburgh, EH3 9DN**

**General Data Protection Regulations:** The data you provide in this form will only be used for the purposes of processing your subject access request and will be retained in line with the NES records retention policy.

1. Please note, we will use this address to send copies of your personal data, if any. By providing this address you are consenting to your personal data being posted to this address. [↑](#footnote-ref-1)