

WHEATLEY CARE SUBJECT ACCESS REQUEST FORM

Under Article 15 of the General Data Protection Regulations (GDPR) you have the right to access your personal information held by us. If you wish to access information about someone else then you shall require their written consent, which you must make available to us. You may be committing an offence to request information about other individuals without their consent.

Please complete this form and return to Wheatley Care, Willow House, 1 Kestrel View, Strathclyde Business Park, Bellshill, ML4 3PB.

1. Personal Details - we may make additional checks to verify your identity.

Name:			
Present Address:			
		Post Code:	
Telephone number:		Date of Birth:	
Length of time at this address:			
If less than two years, please provide previous address:			

2. Information you wish to Access

Please give us details of all the personal data that you wish to access:

Please provide details of any reference numbers - e.g. Rent Reference and Allocation Reference that will assist us to locate the information you require.

Reference number(s):

The following list will help you clarify what you are looking for (please all which apply)

- The purpose of processing
- The legal basis for processing your data and who has this data been shared with
- The categories of personal data concerned (e.g. name, address, DOB, telephone number)
- The period for which your data will be stored

3. Please complete this section if you wish to obtain CCTV footage

Unless this section is completed and a passport size photograph of yourself is attached, no search of data can be made.

Date footage was recorded:

Where was the camera:		Time - start	
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Describe what you expect to see:		Time - finish	
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4. Declaration

Declaration:

I request that you provide me with a copy of the personal information about me which you hold and requested above.

I confirm that **I am the Data Subject** and am not acting on behalf of someone else.

Signed:

Date:

This section to be completed by persons acting on your behalf.

Declaration (**REPRESENTATIVE**):

I confirm that I am acting on behalf of the data subject and have submitted proof of my identity and a Representation Mandate.

Name:

Address:

Signed:

Date: