

## Data Subject Access Request Form (Article 15 of the General Data Protection Regulation)

### Data Subject Details

|  |                      |
|--|----------------------|
| Title:   | Choose an item.      |
| Full Name:   | <input type="text"/> |
| Address:   | <input type="text"/> |
| Town/City  | <input type="text"/> |
| County   | <input type="text"/> |
| Postcode   | <input type="text"/> |
| Email Address:   | <input type="text"/> |
| Contact Number:  | <input type="text"/> |
| Form of identification<br>(driving license or<br>passport) | <input type="text"/> |

### Please complete if request is made by someone acting on behalf of the above data subject

Are you acting on behalf of the data subject with their written or other legal authority? ☐ Yes ☐ No

If 'Yes' please state your relationship with the data subject (e.g. parent, legal guardian or solicitor)

Please confirm you have enclosed proof that you are legally authorised to obtain this information ☐ Yes ☐ No

|                 |                      |
|-----------------|----------------------|
| Title:          | Choose an item.      |
| Full Name:      | <input type="text"/> |
| Address:        | <input type="text"/> |
| Town/City       | <input type="text"/> |
| County          | <input type="text"/> |
| Postcode        | <input type="text"/> |
| Email Address:  | <input type="text"/> |
| Contact Number: | <input type="text"/> |

## Type of Request

**Full data request (all data held):**

☐ Yes

☐ No

**Specific data request:**

(This will make it easier for to gather the information you require)

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**Please specify the date range (of information required):**

From: 

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To: 

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All time: ☐ Yes

☐ No

### Variant Expressions of Name

Please set out any variant spellings of your name, nicknames and alternative email addresses:

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*Signature*

*Date*

Once completed, this form should be submitted via email to [Click here to enter text.](#) or posted to:  
[Click here to enter text.](#)