



# SHIREAGGREGATES

## 1. Data Protection Policy: Standard Request Form for Access to Data

Appendix to the Data Protection Policy: Standard Request Form for Access to Data

<p><b>Shire Aggregates Bulk Ltd</b> <b>Company</b> <b>Subject Access Request Form</b></p> <p>The Data Protection Act 1998 gives customers, staff suppliers and other users of the Company the right to access personal data relating to themselves that is held by the Company as part of a 'relevant filing system' (both in electronic and manual format). Any individual who wishes to access data should apply using this Subject Access Request Form.</p>
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The Company needs to be assured of the applicant's identity before relevant data is released

### 1) ARE YOU THE DATA SUBJECT?

**Yes** – are you applying for data the Company holds about you? You will need to supply the Company with evidence of your identity (learner/staff ID card if applicable, proof of address, driving licence, birth certificate (or photocopy) etc.) as well as a signed copy of this form. This is to ensure we only release data to those who have a right to see the information.

Now complete Q2, 4 and 5

**No** - are you acting on behalf of the Data Subject with their written authority? If so, you will need to enclose an original copy of their permission to disclose. This can be a letter which is signed personally by them giving you authority. We must be able to confirm from our records that this request relates to the Data Subject. You will be the applicant. The Data Subject details must be included at Q3.

Now complete Q 2, 3, 4 and 5

### 2) DETAILS OF APPLICANT

<b>Surname:</b>	<b>First Names:</b>
<b>Former Surname (if applicable):</b>	

Address (Including postcode):	Telephone (day):
	Telephone (eve):
	Mobile:

**3a) Details of the Data Subject (if different to 2)**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**3b) Please describe your relationship with the Data Subject that leads you to make this request on their behalf**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Complete 4 a/b/c as appropriate*

**4a) Customer**

Are you a present or past customer of this Company?	Yes/No	Present/Past
If yes, please give your name (and year, if applicable)		

**4b) STAFF**

**4c) OTHERS**

please provide details of your connection with the Company:

\_\_\_\_\_

\_\_\_\_\_

**5) INFORMATION SOUGHT/REQUIRED**


**Declaration**

I....., certify that the information given on this application form to name of company is true. I understand that it is necessary for the Company to confirm my identity and it may be necessary to obtain more detailed Information to locate the correct information.

Signed:.....

Date:.....

*Please return the form to Data Protection Officer, address. Documents which must accompany this application are:*

1. evidence of your identity
2. evidence of the Data Subject's identity (if different from above)
3. evidence of Data Subject's consent to disclose to a third party (if required as indicated above)
4. stamped addressed envelope for return of proof of identity/authority documents,
5. where appropriate

Please note that the Company reserves the right to obscure or suppress information that relates to other third parties (under the terms of Section 7 of the Data Protection Act 1998)

Formal Review Cycle:	<b>Annual</b>		
Latest Formal Review (month/year):	<b>2018-06</b>	Next Formal Review Due (month/year):	<b>2019-06</b>
Policy Owner:			
Impact Assessed by:		Impact Assessment Date:	<b>2018-05-17</b>

**APPROVAL REQUIRED**

Board Y/N	<b>Y</b>	Committee:	<b>Audit</b>	Board Date approved:	<b>2018-02-02</b>
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**PUBLICATION**

Website Y/N	Y	Y/N	Y	Y/N	Y	Other: Y/N	
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**REVIEW CONTROL**

Reviewer	Section	Comments	Actions Agreed
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