A blue and white logo with a flower

Description automatically generated**Subject Access Request Form**

The purpose of this form is to ensure that all necessary information to complete your Subject Access Request is provided to the Society. Forms and information disclosed will be kept for two years after the request has been completed.

**Whose information are you requesting?**

Your Own (complete section 1, 2, 5, 6a & 7) Someone Else’s (complete section 1, 3, 4, 5, 6b & 7)

SECTION 1 Details of the Data Subject (the person the information is about)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title:** Select |  |  | | |
| **Full Forename(s):** | | **Surname:** | | |
| **Previous Name(s)**: | | **Date of Birth:** | | |
| **Relationship with Alzheimer’s Society**  Service User  Supporter  Volunteer  Employee  Other (Please specify) | | | | |
| **Current Address:**    **Postcode:** | | | **Previous Address** (if you lived at another address whilst in contact with the Society)**:**    **Postcode:** |
| **Telephone Number:** | | | **Email Address:** | |

SECTION 2 Proof of Requester’s Identity

Data Protection legislation requires the Society to satisfy itself as to the identity of the person making the request. Please enclose a photocopy of one form of identification (for example, **Passport**, **Driving Licence**, **Birth Certificate**, **etc**.) and a copy of a document proving address in the last six months (for example, **utility bill**, **council tax statement**, **bank statement/building society passbook**, **etc**.). If the supply of this documentation is problematic, please contact us to discuss alternatives.

# SECTION 3 Details of the person acting on behalf of the data subject

|  |  |  |
| --- | --- | --- |
| **Full Name:** | | **Relationship with the Data Subject:** |
| **Current Address** (If different to the Data Subject)    **Postcode**: | | |
| **Telephone Number:** | **Email Address:** | |

SECTION 4 Proof of Authority to request the individual’s information

Please tick and enclose a copy of relevant authority

Lasting Power of Attorney

Written consent from the Data Subject

Other (Please specify)

SECTION 5 Details of information requested

Description of the information requested (please be specific and continue on another sheet if necessary.):

|  |
| --- |
|  |

# SECTION 6 Declaration

**PART A - Individual**

The information which I have supplied in this application is correct, and I am the person to whom it relates.

**Signature (Data Subject)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** Select date

**PART B** - **Individual’s Representative**

I am the individual’s representative and I believe I have the authority to request the above information from you.

**Signature (Representative)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** Select date

# SECTION 7 Submitting the Request Form

The completed Subject Access Request Form and the supporting copies of the documents proving identity and entitlement (if relevant) should be sent to:

Information Governance Team

Alzheimer’s Society,

Suite 2

1st Floor East Wing

Plumer House

Tailyour Road

Plymouth

PL6 5DH

Or by email to: [information.governance@alzheimers.org.uk](mailto:information.governance@alzheimers.org.uk)

Please note that any information you send to us is at your own risk, therefore, we suggest that you send the information securely.

# Thank you for submitting your form and the relevant documents. You will receive an email or acknowledgement letter confirming receipt and the deadline by which we will respond. We will contact you if further information is required.