

# Subject Access Request

**Timescale:**

Allow **1 month** for this request to be processed. If you have specific reasons for requiring data by a specific date, please give details on page 2.

**Proof of ID (preferably photographic) will be required when collecting your requested paperwork.**

Please tick this box if this request is for <b>Private Medical or Insurance Purposes.</b>	
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Title (please tick one)	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other:	
Forename(s):					
Surname:					
Date of Birth (dd/mm/yyyy)					
Current Address					
Post Code					
Telephone / mobile No:					
Email:					

**Details of information required and any relevant dates: If required please provide further information under additional information:**

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**Declaration:** I declare that the information I have provided is correct to the best of my knowledge, and I am the person to whom it relates. You are advised that the making of a false or misleading statement to obtain personal information to which you are not entitled is a **criminal offence** which could lead to prosecution.

Signature of applicant:	Date:
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If you're a representative different to the patient for example a parent or guardian of a patient under the age of 13 / immediate family or those who hold **power of attorney**.

Title (please tick one)	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	
Forename(S):					
Surname					

Date of Birth (dd/mm/yyyy)	
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**Representative details if a solicitor:**

Name of solicitor	
Contact details (email)	

I hereby given authorisation to release information to a representative as detailed above:	
Signature of applicant:	

**Additional Information:**

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**The document(s) supplied by BirdsFootCare will be the responsibility of the patient or patient's representative after these are provided to the applicant / representative.**

Documents collected by:

Patient / representative (omit accordingly)

Date collected:

Patients ID seen & Type:

Representatives ID seen & type:

ID Checked by: