Subject access request form

Section 1 – Applicant Details

Title (please tick one):	Mr Mrs Miss Ms Title (please state):	
Forename(s):		
Family Name:		
Previous Family Name:		
Other name(s) known by:		
Date of Birth (dd/mm/yyyy):	/ Male or Female	
Nationality:		
Place of Birth:		
NHS number if known:		
Section 2 – Applicant Details		
Current Address:		
Postcode		
Daytime Telephone No:		
Email Address:		
Previous Address:		
Postcode:		

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Section 3 - Proof of the applicant's identity

In order to prove the applicant's identity, we need to see a copy of photographic identification:

		_	
Passport/Travel Document			
Photo driving licence			
Foreign National Identity Card			
Child under 16 : Full birth certificate			
Child under 16 : Court Order(s)			
Section 4 – Details of Information Required Please use this space to give us any details about the information you are requesting, for example by stating specific documents you require (use extra sheets if necessary):			
Section 5 – Declaration The information which I have supplied in this application is correct, and I am the person to whom it relates to. I confirm I am not requesting this information for any pending insurance or legal claims or have been instructed by another professional company to contact The Harbour Medical Practice to gain access to this information			
Signature of Applicant:		Date:	

Thank you for completing this Subject access request form. If you have any queries please contact the Practice Manager. We will endeavour to respond to your request within 28 days on receipt of this completed request form.