**Subject Access Request Form**

Completion of this form assists us in fulfilling and processing your request.

|  |  |
| --- | --- |
| Name: |  |
| Email: |  |
| Contact Phone Number: |  |
| Address (including Postcode): |  |
| Nature of your request: |  |
| Any relevant time period: |  |
| Relationship with the Charity: e.g. staff member, person receiving support, etc. |  |
| Date Requested: |  |

*Data Protection: These details are to be used only for the purposes of processing the Subject Access Request, contacting you with the information you have requested and verifying your identification. We will keep a record of this request for 10 years and then this information will be securely destroyed.*

Please indicate: how do you wish us to respond? Email: Post:

*(To details as given above unless advised otherwise)*

**Please note that we will require some form of identity verification as part of the Subject Access Request process. This is to ensure that your information is only disclosed to an authorised individual. If you wish to discuss your request further please contact us at:** **dataprotection@heritagecare.co.uk**