

Data Subject Rights Request Form

Guidance Notes

Please read before completing the Subject Access Request Form

1. Type of request

Employees, previous employees and customers can make requests; please select whichever applies to you. By law you have a number of rights when it comes to personal information held about you. You can make a request to find out what information is held about you known as a Subject Access Request (SAR), request information about you is corrected if found to be inaccurate, ask for information being processed to be restricted or stopped if you have objections to the processing, you can ask for your details to be removed completely and finally you can ask for information held to be transferred to another organisation. Please check the relevant check box.

2. Personal details

Please complete your personal details as requested. If this is an internal request by an employee, then provide your badge number for easy identification. Previous employees please complete additional fields. Please tell us if you have been previously known by any other name and/or if you lived at another address within the last two years. If you are requesting historical information then provide as many details as possible; for example, previous addresses with dates. Use a separate sheet of paper if required.

3. Details of the information involved in the request

You should give as much assistance as you can about particular areas to search so that we can identify all information without delay. You should also give any relevant reference numbers that might help us to locate the information. These details are required to assist location of your information on our systems. Please note for confidentiality purposes we may not be able to disclose all information regarding your request. Where this is the case we will notify you with the reasons why.

4. Proof of identification

Proof of name and address is required to ensure we only give information to or discuss information with the correct person. We require two original pieces of documentation. Here are a few examples of valid proofs of identification: a recent utility bill (less than 3 months old), bank statement, showing your name and address, passport or photo ID driving licence. If you have changed your name, you will also need to provide change of name document(s).

5. Proof of entitlement

Under UK & EU data protection laws, only the data subject has a right to ask to see or discuss their own records. We normally expect the data subject request to be made by the data subject; all individuals aged 16 or over should make their own data subject requests if they have the mental capacity to make their own decisions (mental capacity as defined in the Mental Capacity Act 2005), unless they appoint someone else to make the subject access request on their behalf.

People making data subject requests on behalf of the data subject need to demonstrate that they have the right to do so. We require one of the following proofs of this right:

a) A person making a subject access request on behalf of a person with mental capacity aged 16 or over.

Proof of permission to make the data subject request – a signed letter or consent form from the data subject (we may contact the data subject for confirmation that we can release the information to you).

b) A person making a data subject request on behalf of a person lacking mental capacity aged 16 or over

For persons aged 18 or over, proof of a valid Lasting Power of Attorney or an Enduring Power of Attorney or proof of Court-appointed Deputyship.

For office use only
Reference: _____

Section 1 – Type of request

- Employee Previous Employee Customer
- Subject Access Correction Objection (Restrict/Stop processing) Removal Transfer

Section 2 – Your Details (Please complete as appropriate)

Employee ID Number _____

Title (please circle) Mr / Mrs /Ms / Miss / Dr Full name _____

Address _____

_____ Post Code _____

Telephone Number _____ Email _____

Any other information to help identify you _____

You will be asked to provide proofs of your identity and address. Please see the Guidance notes

Section 3 – Who’s information in being requested? (Please tick)

- My own (go to section 5) Someone Else’s Both my own and someone else’s

If you are making the request on behalf of someone else you MUST complete Section 4

Section 4 - If you are making the request on someone else’s behalf, who is it?

Title (please circle) Mr / Mrs /Ms / Miss / Dr Full name _____

Address _____

_____ Post Code _____

Telephone Number _____ Email _____

Any other information to help identify them _____

Your relationship to this person _____

You will be asked to provide proofs of your entitlement to request information on someone else’s behalf. Please see the Guidance notes

For office use only
Reference: _____

Section 5 – Details of the information you are requesting

Specific details of the information require _____

Section 6 – Proof of Identification and Entitlement

Documents supplied as proof of identity:

Utility bill (less than 3 months old) Bank statement Passport Driving License
 Other _____

Documents supplied as proof of entitlement: _____

At least one proof of identification must display a signature.

Always send important documents by a tracked delivery service as Screwfix Spares cannot be held liable for items lost in the post.

Section 7 – Submitting the request form

Signature of Applicant _____ Date _____

Once completed, this form must be emailed to dpo@connect-service.co.uk or sent to:

Data Protection Office, Medco House, Bordesley Green Road, Birmingham, B9 4UA

Once received, your request will be processed without undue delay, and at the latest within 28 days. Should further information be required, Screwfix Spares will contact you and explain what additional information is required and the reasons for this.

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Reference: _____

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Date Received _____

Stakeholder Type _____

Additional information required? Yes No

Date requested _____

Details (If applicable) _____

Request accepted? Yes No

Reason for rejection (If applicable) _____

GM Signature: _____

QM Signature: _____

Method of response _____

Date of Response _____