Thank you for contacting Prospect Hospice to make a Data Subject Access Request. Could you please complete the sections below with as much information as possible to assist Prospect Hospice to retrieve the relevant requested information.

**Section 2 – Details of the person whose information is being requested**

Provide the details of the person whose details you’re requesting in the box below.

Please note: fields marked \* are mandatory.

First name(s) \*

Surname \* ………………………………………………………………………………………………………………….

First Name \* ………………………………………………………………………………………………………………….

Date of birth\* (Day/Month/Year) ……………………………………………………………………………………….

**Contact details**

Current address ………………………………………………………………………………………………………………….

Current postcode ………………………………………………………………………………………………………………….

Contact telephone number …………………………………………………………………………………………………….

Mobile telephone number..…………………………………………………………………………………………………….

Email address …………………………………………………………………………………………………………………………

**Section 1 – Whose information is being requested?**

About myself complete section 2

On behalf of someone else Complete sections 3 & 4

**Section 3– Third Party authorisation**

**Authorisation for a third party to request information on my behalf**

Name of the third party …………………………………………………………………………………………………………………

Name of the person whose information is being requested …………………………………………………………..

Signature of the person whose information is being requested ……………………………………………………..

Date (Day/Month/Year) ………………………………………………………………………………………………………………………………….

**Section 5 – Information requested**

Please detail below the information you require (Health records/Carer records/HR record)

**Section 4 – Third Party details**

If you’re completing a DSAR on someone else’s behalf, provide your details in the box below.

Please note: fields marked \* are mandatory.

First name(s) \* ………………………………………………………………………………………………………………………..

Surname \* ………………………………………………………………………………………………………………………………

Company name (if applicable) ………………………………………………………………………………………………..

Address \* …………………………………………………………………………………………………………………………………

Postcode \* ……………………………………………………………………………………………………………………………….

Contact telephone number ………………………………………………………………………………………………………

Mobile telephone number ………………………………………………………………………………………………………..

Email address (mandatory for email response)\* ……………………………………………………………………….

What is your relationship to the person whose information you’re requesting? \*…………………………………….

**Section 7 – What to do next**

Please return the completed form either by post or email to:

**Post**
Data Protection Officer
Prospect Hospice
Moormead Road
Wroughton
SN4 9BY

**eMail**dataprotection@prospect-hospice.net

**PLEASE DO NOT SEND TO** **INFO@PROSPECT-HOSPICE.NET**

**Section 6 – ID** **Required**

To progress the request you will need proof of identity as follows:

* Driving license or Passport or Work ID badge or Bus Pass or a witness to your signature by someone who is over 18 and is not a relative, (preferably by your doctor/solicitor on their headed business paper) as proof of identity

and

* Bank statement or Pay slip or Utility bill or a Letter on headed paper from a local authority or similar as proof of residence.

If you are a **Representative acting on a data subject’s behalf** you will need proof of your identity as well as proof that the data subject is freely giving consent to the request, or you have the appropriate legal authority.