

SUBJECT ACCESS REQUEST FORM

1. Details of the person requesting the information

Full name: _____

Address: _____

Postcode _____

Telephone number _____

Email _____

2. Are you the Data Subject?

Yes No

If you are the Data Subject, please supply evidence of your identity, i.e., membership card, driving licence, birth certificate, passport (or photocopy) and, if necessary, a stamped addressed envelope for returning the document. Please also state your relationship to The HIV Support Centre:

I am a current/former member of staff

I am a current/former volunteer

I am a current/former member

I am a current/former service user

I am none of the above

Please go to question 5.

If you are not the Data Subject, are you acting on behalf of the Data Subject with their written authority? If so, that authority must be enclosed. Please also state the relationship of the Data Subject to The HIV Support Centre:

The Data Subject is a current/former member of staff

The Data Subject is a current/former volunteer

The Data Subject is a current/former member

The Data Subject is a current/former service user

The Data Subject is none of the above

Please now go to questions 3 and 4.

3. Details of the Data Subject (if different from 1.)

Full name: _____

Address: _____

Postcode _____

Telephone number _____

Email _____

4. Please describe your relationship with the Data Subject that leads you to make this request for information on their behalf.

5. Declaration

I, _____,
certify that the information given on this application form is true. I understand that it is necessary for the Company to confirm my/the Data Subject's identity and it may be necessary for more detailed information to be obtained in order to locate the correct information.

Signed: _____

Date: _____

Please return the completed form to the Company Secretary at the address below:

The HIV Support Centre, Third Floor, 7 James Street South, Belfast. BT2 8DN.

Documents which must accompany this application are:

- Evidence of your identity
- Evidence of the Data Subject's identity (if different from above)
- Evidence of the Data Subject's consent to disclose to a third party (if required as indicated above)
- A fee of £10 (cheques to be made payable to The HIV Support Centre)
- A stamped addressed envelope for return of proof of identity/authority documents, where appropriate.

Please note that the Company reserves the right to obscure or suppress information that relates to other third parties (under the terms of §7 of the Data Protection Act 1998).

Office Use only. Date received. _____ Date completed _____