

OFFICE USE ONLY
REF:

Subject Access Request: Please refer to the [Guidance notes](#) provided before completing

Your Details

Name: (first names, middle names, surname)	
Mr / Mrs / Ms / Miss:	Date of birth:
Address:	(If applicable) Previous address:
Daytime telephone no.:	Email:

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

If you are requesting someone else's information, whose is it (please provide their details)

People making subject access 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 subject access 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 subject access 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.

Name: (first names, middle names, surname)	
Mr / Mrs / Ms / Miss:	Date of birth:
Address:	Relationship to you: (You will be asked to provide proof of your entitlement to request on someone else's behalf)
Daytime telephone No:	Email:

REF:

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Subject Access Request**Please refer to the Guidance notes provided before completing****Information sought**

To the best of my/our knowledge the information sought is held in the undermentioned department(s) of the council and relates to the subject matter(s) indicated. (Please tick appropriate box(es) and complete where relevant)

Tick	Department	Subject matter/ file or reference number(s) or relevant dates
	Chief Executive	
	Corporate Services (Legal, HR, Electoral, Mayors Office, Communications, Democratic Services)	
	Environmental Health (Food Hygiene , Health & Safety, Improvement Grants, Pollution)	
	Finance (Accounts, Council Tax, Housing Benefit, IT)	
	Housing (Council Owned), Grants and Community Services	
	Planning, Building Control and Cultural Services	
	Property and Asset Management	
	Street Scene (Refuse, Recycling, Green Spaces)	
	Other (please specify)	

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Date request accepted:

Date response sent:

Privacy notice

Your information will be used for service delivery purposes in accordance with the General Data Protection Regulation (GDPR) (EU) 2016/679; it will be used by the council to fulfil our statutory duties. We will not disclose any personal information to any other third parties. For more information see our privacy page: <https://www.hinckley-bosworth.gov.uk/privacy>.

Data Protection Act 2018 and the General Data Protection Regulation Subject Access Request

Please refer to the Guidance notes provided before completing

Proof of Identification and Entitlement

In accordance with Article 15 and Recital 63 of the General Data Protection Regulations and in relation to information sought, we shall:

Inform you whether personal data of which you are the subject(s) is being processed by on behalf of the council.

If so, give you a description of:

- Such data
- The purposes for which they are being or are to be processed, and
- The recipients or classes of recipients to whom they are or may be disclosed

Communicate to you

- Such data, and
- Any information available to the council as to the source of such data

Where such data is processed by automatic means for the purpose of evaluating matters relating to you, we will inform you of the reason for our decision

For this purpose, and to satisfy the legal requirements ensuring our identity, I/ we enclose photocopies of the following, signed by the witness. Documents supplied as proof of identity:

Tick	Identification
	Current driving licence
	Recent utility bill (dated within three months)
	Benefit book(s)
	Passport(s)
	Other (please specify)

Declaration

I confirm that I/ we have had my/ our signature(s) and proof(s) of identity witnessed by a person over the age of 18 who is not a relative and agree to my/ our identity being revealed for the purposes of seeking consent to disclosure of third party information.

Signature of applicant(s):	Date:
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Full name of witness:	Date of birth:
Address of witness:	Connection to applicant: (e.g. neighbour)
Signature of witness:	Date:

**Please ensure that you have filled in all relevant information requested in this form
Please remember to enclose requested photocopies of identification, also signed**

Once completed, please return this form to: The Information Governance Officer, Hinckley & Bosworth Borough Council, Hinckley Hub, Rugby Road, Hinckley, Leicestershire, LE10 0FR. For any enquiries please email access2info@hinckley-bosworth.gov.uk

Hinckley Hub • Rugby Road • Hinckley • Leicestershire • LE10 0FR • Telephone 01455 238141

www.hinckley-bosworth.gov.uk