



**DATA PROTECTION ACT**  
**SUBJECT ACCESS REQUEST**

**Application Form**

The Data Protection Act provides people with a right to data, or personal information, held about themselves and those people are called 'Data Subjects'.

To enable this authority to deal promptly with a request for access and to satisfy the legal requirements placed upon it, (to ensure the identity of Data Subjects, and that access is given to the data required), we require the following information.

Please ensure that you complete the relevant sections appropriate to your circumstances.

If you are the Data Subject. **Go to PART A.**

Children from the age of 12 are entitled to exercise their own rights as Data Subject if they understand the nature and reasons for the request, and should complete a Subject Access Request (Part A) under their own name.

If you are an Agent for the Data Subject, you must provide written authorisation to act for them. **Go to PART B.**

If you are a Parent or Guardian of the Data Subject who is aged over 12 years and are acting as their Agent, and the Data Subject understands the nature and reasons for the request, then you must provide written authorisation to act for them. **Go to PART B.**

If you are a Parent or Guardian of the Data Subject acting as their Agent, and the Data Subject **does not** understand the nature and reasons for the request, then you must provide sufficient information to enable us to confirm that you are acting in the interest of the Data Subject.

Parents or Guardians should only make such a request in the interests of the child, not in their own interest. **Go to PART B.**

**PART A - FOR USE BY DATA SUBJECTS ONLY**  
**PLEASE USE BLOCK CAPITALS**

**Section A.1 Data Subject**

Please provide the Data Subject's name (your name), date of birth, and address in the space provided.

Surname:
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Forenames:	Title (Mr/Mrs/Miss/Ms):
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Date of Birth:
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Address:
Postcode:

Telephone number:
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**Section A.2 Same Name?**

Are you the only person with the above initials and surname at the address given?

YES  NO

If NO, please state the full name(s) and date of birth of the other person(s) with the same initials and surname.

Surname(s)	Forename(s)	Date of Birth

**Section A.3 Areas of Interest**

Please state the area(s) from which you require information by completing PART C - List of Registrations and Areas of Interest.

**Section A.4 Declaration**

I understand that it may be necessary for the Authority to obtain more detailed information in order to be satisfied as to my identity, and that the period in which the Authority must, under law, respond will not commence until they are satisfied.

I confirm that the reply to my application may be sent by POST to the name and address given in Section A.1 above. I enclose the fee of £10.00 per registration, which I understand is the fee payable to Plymouth City Council for instigating my request/s. I understand that upon any request being actioned and the search for data begun, this fee will not be refundable.

**Signed** .....

**Date** .....

**PART B - FOR USE BY AGENTS OF THE DATA SUBJECT ONLY**  
**PLEASE USE BLOCK CAPITALS**

**Section B.1 Data Subject**

Please provide the Data Subject's name, date of birth and address in the space provided.

Surname:

Forenames: Title (Mr/Mrs/Miss/Ms):

Date of Birth:

Address:  
Postcode:

Telephone number:

**Section B.2 Same Name?**

Is the Data Subject the only person with the above initials and surname at the address given?

YES  NO

If NO, please state the full name(s) and date of birth of the other person(s) with the same initials and surname.

Surname(s)	Forename(s)	Date of Birth

**Section B.3 Agent's / Parent's / Guardian's Details**

Please provide the Agent's / Parent's / Guardian's name and address in the space provided:

Surname:

Forenames: Title (Mr/Mrs/Miss/Ms):

Address:  
Postcode:

Telephone number:

**Section B.3** continued

What is your relationship to the Data Subject?

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You must provide written confirmation of your entitlement to act on the Data Subject's behalf. Please tick the box to confirm documents have been enclosed?

Documents enclosed

**Section B.4 Areas of Interest**

Please state the area(s) from which you require information by completing PART C - List of Registrations and Areas of Interest.

**Section B.5 Declaration**

I understand that it may be necessary for the Authority to obtain more detailed information in order to be satisfied as to the subject's identity, and that the period in which the Authority must, by law, respond will not commence until they are satisfied.

I confirm that the reply to my application may be sent by POST to the name and address given in Section **B.1** / **B.3** (Please delete where appropriate). I enclose the fee of £10.00 per registration, which I understand is the fee payable to Plymouth City Council for instigating my request/s. I understand that upon any request being actioned and the search for data begun, this fee will not be refundable.

**Signed**.....

**Date**.....

**PART C - LIST OF REGISTRATIONS AND AREAS OF INTEREST**

Please tick the box(es) and identify your particular area(s) of interest, to enable us to target and process your enquiry efficiently. It may be necessary for us to contact you to clarify where the council holds your information.

- Registration No: G0408017 Electoral Registration** .....
  
- Registration No: X4242663 Plymouth City Council**
- Land Charges .....
- Environmental Regulation Services .....
- Housing Services .....
- Planning & Development Control .....
- Personnel/Employee Administration .....
- Collection of Rates .....
- Council Tax .....
- Community Services for adults .....
- Children's Services .....
- Libraries or Museums .....
- Legal Services .....

**Background Information to assist us in finding your information**

Please describe why you think that the council holds information about you and whether you are interested in a particular time span or want recordings about a particular event.

**PLEASE COMPLETE:** Name of applicant .....

Representative (if applicable) .....

No. of Registrations  x £10.00 = £.....

Please make cheques/postal orders payable to:

**PLYMOUTH CITY COUNCIL**

This is the fee payable to Plymouth City Council for instigating my request/s. I understand that upon any request being actioned and the search for data begun, this fee will not be refundable.

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**FOR OFFICIAL USE ONLY**

Finance Code 3957 8303

Receipt Number/General Debit Note No.....

Date Received.....

Date Completed.....

This form is to be returned to

Corporate Information Manager  
Floor 2 Business Support  
Civic Centre  
Plymouth PL1 2AA