

Subject Access Request Form

Request for information under the GDPR (General Data Protection Regulation).

This form should be completed only if you are requesting personal information relating to yourself or on behalf of a third party.

Please note that the request will be processed by Norfolk Educational Services Ltd (NES); NES undertakes Subject Access Requests on behalf of the Transforming Education in Norfolk (TEN) Group of which the following institutions are members: City College Norwich, Paston College, Easton College and Norfolk Educational Services.

Please complete in block capitals

1 Personal details of the Data Subject (who the data is about)

Student/Former Student Current Member of Staff*/Former Member of Staff
Other _____
(Please indicate your relationship with the Institution)

Last Name: _____ First Name: _____

Date of Birth: _____ Institution: _____

Telephone Number: _____ Student ID: _____

Address: _____

Postcode: _____

Email: _____ Fax Number: _____

* Existing staff are FT and PT staff who are currently employed by NES, and those Temporary Solutions staff who are engaged in work for the TEN Group at the time of submitting their request.

2 Details of the person requesting the information (if different from the Data Subject)

Last Name: _____ First Name: _____

Address: _____

_____ Postcode: _____

Telephone Number: _____ Fax Number: _____

Email: _____

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

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NORFOLK
EDUCATIONAL
SERVICES



4 Institution that the information is requested from and the information requested

City College Norwich		Paston College		Easton College		Norfolk Educational Services	
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I wish to have access to data that (confirm organisation above) holds about me in relation to the following: (please indicate the information you require being as specific as possible as this will help to respond to request in a timely and concise manner.)

Declaration

I certify that the information given in this application form is true. I understand that it will be necessary for Norfolk Education Services on behalf of the organisation/data controller defined in section 4 to confirm my/the Data Subjects' identity and it may be necessary to supply more detailed information if required.

Signed - _____ Date _____
(Data Subject)

Signed - _____ Date _____
(Third Party requesting information – if sections 2 & 3 have been completed)

I enclose the following documentation:

For Data Subjects

Evidence of own identity*

For those acting on behalf of Data Subject

Evidence of the Data Subject's identity*

Written authority from the Data Subject permitting you to act on their behalf

* A copy of Photographic ID is preferred such as passport, driving licence or Student ID (**originals are not required, but can be copied if presented in person**). In limited cases a current utility bill or evidence of means-tested benefits may be accepted as proof of identity. Identity documents such as birth certificates, passports and driving licences will be returned by recorded delivery (**if originals are provided**); utility bills etc will be returned by first class post. If a name change has occurred so that the name on the record held by the TEN Group organisation is different from that in the submitted proof of identity, further evidence will be needed to support the link between the original name and the current name.

The details you provide on this form will only be used in connection with your application for the supply of documents and for statistical purposes.

If you are submitting your request electronically, please submit your request to:

Email: data_protection@ccn.ac.uk

If you wish to submit your request via post, please forward/return your completed form to:

Information Compliance
Norfolk Educational Services Ltd
Thetford Building
City College Norwich, Ipswich Road
Norwich
NR2 2LJ

Tel: 01603 773176

Confidential upon completion

For Office use only:

Identity Document:

Date

Identity Document Rec'vd: