

Subject Access Request Form



Leading learning and skills

Data Protection Act

The Data Protection Act provides you, the data subject, with a right to request a copy of the personal data we hold about you. Please complete this form if you wish to access your data. Once we have received your request we will have 40 days in which to process it. If the information you are requesting about yourself contains details of another person or third party we may have to gain their consent before disclosing the information.

Your Details

Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
Surname	
First name(s)	
Date of birth	
Address	
Address	
City / County	
Postcode	
Telephone (daytime)	
Email address	
Relationship to LSC	Employee <input type="checkbox"/> Supplier <input type="checkbox"/> FE Student <input type="checkbox"/> Other <input type="checkbox"/>

Only complete this section if you are acting on behalf of an individual (i.e. as their agent.)

Surname of agent	
First name(s)	
Address	
Address	
City / County	
Postcode	
Telephone (daytime)	
Email address	
Relationship to individual	

Please attach confirmation of your entitlement to act on behalf of the individual.

Personal Information

So that we can locate the data you require efficiently, please answer the following questions to the best of your knowledge. Please continue on a separate sheet if necessary.

The Information Commissioner has stated that as much information as possible should be provided to assist with tracing your information.

Please tell us as much as you can about the information you are requesting about yourself.

For example, if you are requesting your personal data which might be in an email or document, it helps in our search to know who might have written it, when and to whom the information might have been sent, and where it may be stored.

To help us in our search, please tell us which Learning and Skills Council offices you have dealt with in the past (please list).

If relevant to your request, please provide details of any courses you have attended:

College/Training Provider: _____

Course: _____ Dates: _____

College/Training Provider: _____

Course: _____ Dates: _____

Declaration

This form must be signed by you (the data subject) and your agent (if applicable).

I request a copy of all the relevant personal data that are held by the Learning and Skills Council relating to information provided above. I confirm the information supplied is correct and I declare that I am the individual as indicated above.

Confirmation of your identity

Before releasing personal information, we need to be sure of your identity.

Please submit COPIES of 2 pieces of identity (NOT ORIGINALS), preferably a passport and a driver's licence. If you do not have these, other items may be accepted (recent bank or credit card statements, council tax or utility bills, letters of appointment, electoral role registration etc).

LSC employees or former employees do not need to do this, provided we can send materials to the home address on our records.

Signed

Date

Agent's signature:

Signed

Date

Please return this form, with 2 proofs of ID, to:

The Data Protection Co-ordinator
Learning and Skills Council
Cheylesmore House
Quinton Road
Coventry
CV1 2WT

For office use

Subject Access Request Number	
Date request received	