

SUBJECT ACCESS REQUEST FORM

If you want us to supply you with a copy of any personal data we hold about you, please complete this form and send it the address below. You are currently entitled to receive this information under the EU General Data Protection Regulation (GDPR). We will also provide you with information about any processing of your personal data that is being carried out, the retention periods which apply to your personal data, and any rights to rectification, erasure, or restriction of processing that may exist. The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting and responding to your request.

1 Please send your completed form and proof of identity to:

For the attention of the Director
 Employee Health and Performance Limited,
 Cherry Trees Barn, Walcot Lane, Drakes Broughton, Worcestershire WR10 2AL
 Or email: admin@fit4industry.com

2 Section 1: Details of the person requesting information

Your full name:	
Your address:	
Your telephone number:	
Your email address:	

3 Section 2: Are you the data subject?

Please tick the appropriate box.

- YES:** I am the data subject. I enclose proof of my identity (see below). Please proceed to Section 4.
- NO:** I am acting on behalf of the data subject. I have enclosed the data subject's written authority and proof of the data subject's identity and my own identity (see below). Please proceed to Section 3.

To ensure we are releasing data to the right person we require you to provide us with proof of your identity and of your address. Please supply us with a photocopy or scanned image (do not send the originals) of one of both of the following:

- Proof of Identity.** We need one of the following: passport, photo driving license, national identity card, birth certificate.
- Proof of Address.** We need one of the following: utility bill, bank statement, credit card statement (no more than 3 months old); current driving license; local authority tax bill.

If we are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request.

4 Section 3: Details of the data subject

Your full name:	
Your address:	
Your telephone number:	
Your email address:	

5 Section 4: What information are you seeking?

Please describe the information you are seeking. Please provide any relevant details you think will help us to identify the information you require.

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Please note that if the information you request reveals details directly or indirectly about another person we will have to seek the consent of that person before we can let you see that information. In certain circumstances, where disclosure would adversely affect the rights and freedoms of others, we may not be able to disclose the information to you, in which case you will be informed promptly and given full reasons for that decision.

While in most cases we will be happy to provide you with copies of the information you request, we nevertheless reserve the right, in accordance with Article 12 of the GDPR to charge a fee or refuse the request if it is considered to be “manifestly unfounded or excessive”. However, we will make every effort to provide you with a satisfactory form of access or summary of information if suitable.

6 Section 5: Information about the data collection and processing

If you want information about any of the following, please tick the boxes:

- Why we are processing your personal data
- To whom your personal data are disclosed
- The source of your personal data

7 Section 6: Disclosure of CCTV images

If the information you seek is in the form of video images captured by our CCTV security cameras, would you be satisfied with viewing these images?

- YES
- NO

8 Section 7: Declaration

Please note that any attempt to mislead may result in legal action.

I confirm that I have read and understood the terms of this Data Subject Access Request Form and certify that the information given in this application to Employee Health and Performance Limited is true.

I understand that it is necessary for Employee Health and Performance Limited to confirm my / the data subject's identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

Signature

Date

9 Attachments:

I am enclosing the following copies as proof of identity:

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