

## Subject Access Request

In order to protect the privacy of the Data Subject (individual) who this request is about and in line with the requirements of data protection & confidentiality legislation, Stroke Association needs to ensure we locate the records and information only relating to the Data Subject.

### Who is completing the form?

Please select whether you are filling this form in for yourself as the data subject or for somebody else as their authorised person.

I am the data subject. I am completing this form to request information about myself.

I am an authorised person. I am completing this form to request information about somebody else with their authorisation.

### Details of the Data Subject

Please fill in your details (the data subject). If you are not the data subject and you are applying on behalf of someone else, please fill in the details of the data subject below and not your own.

|  |
|--|
| Title:   |
| First name:  |
| Last name:   |
| Previous name (if applicable): If you have changed your name, please supply relevant documents to evidence this. |
| Date of birth:   |
| TSA Number (if known):   |
| Telephone number:  |
| Email address:   |

|   |  |
|---|--|
| Address:  |  |
| Postcode:   |  |
| Previous address including postcode (if applicable):                      |  |
| <p>Please state the information you require from Stroke Association :</p> | <p>Please be as specific as possible with your request. This will allow us to respond to your request as quickly as possible, and will make it easier for you to find the information you're looking for. Requests for additional information may take longer than one month to process, and may incur an administration fee. In either case, we'll contact you after we receive the DSAR to let you know.</p> |
| <p>Is this a request for employment or volunteer records?</p>             | <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>   |
| <p>Start date of employment:</p>  |  |

|   |  |
|---|--|
| End date of employment (please leave blank if still in employment): |  |
| Employee or Volunteer Number:                                       |  |

## Proof of identity

Where necessary, we may require further proof of identity before personal data can be disclosed. If this is required, you will be contacted to provide the required documentary evidence.

If you are sending this electronically (by email), please ensure all document file names contain the Data Subject's name and date of birth, for example, Joe Blog 12.04.1979 Birth Certificate.doc

## If you are acting on behalf of the data subject

Please complete this section of the form with your details if you are an authorised person acting on behalf of someone else i.e. the data subject.

If you are NOT the data subject, but an agent/authorised person appointed on their behalf, you will need to provide evidence of your authority to act on behalf of the data subject. Examples of accepted evidence include original copy of Health and Welfare Lasting Power of Attorney, letter of authority, evidence of parental responsibility etc.

Please ensure all document file names contain your name and the Data Subject's name and date of birth, for example, Joe Blogg 22.05.1979 Birth Certificate.doc.

|  |  |
|--|--|
| What is your relationship to the data subject? | e.g. parent, carer, legal representative |
| Your first name:                               |  |
| Your last name:                                |  |
| Your address including postcode:               |  |
| Your contact telephone number:                 |  |
| Your email address:                            |  |

## Dispatch

Please indicate where you would like your records dispatched:



Stroke Association will provide any requested information electronically if an email address is supplied. Any documents sent electronically will be either encrypted or password protected.

Please note that if information needs to be posted by Royal Mail special delivery, a signature upon receipt will be required. If Royal Mail are unable to deliver to the address given and need to return the documentation to Stroke Association this will be returned by normal post (i.e. not under confidential cover).

Please select:

I am the data subject and would like my records to be dispatched to my email address as detailed above.

I am acting on behalf of the data subject and would like the records dispatched to the email address detailed above.

I would like my records to be dispatched to my GP or Healthcare Professional or Solicitor (or other 3<sup>rd</sup> party).

Please provide 3<sup>rd</sup> party details for dispatch (if applicable):

|                             |  |
|-----------------------------|--|
| Name:                       |  |
| Address including postcode: |  |
| Email address:              |  |

### Checklist

Before you complete the declaration section please check:

Is your contact information correct?

Have you completed all the relevant sections?

Have you provided the relevant identification documents?

### Declaration

**Warning: a person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to prosecution.**

Unless there is Health and Welfare Lasting Power of Attorney or the application is being made on behalf of a child under the age of 13, all persons named on this form should confirm that the information that has been supplied in this application is correct and you are the person to whom it relates or acting on behalf of.

**Data Subject Declaration**

I certify that the information provided on this form is correct to the best of my knowledge and that I am the person to whom it relates. I understand that Stroke Association is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

|             |  |
|-------------|--|
| Sign:       |  |
| Print name: |  |
| Date:       |  |

**Authorised Person Declaration**

I confirm that I am legally authorised to act on behalf of the data subject. I understand that Stroke Association is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

|             |  |
|-------------|--|
| Sign:       |  |
| Print name: |  |
| Date:       |  |

Please return this form along with your supporting documentation (proof of identity and, if applicable, proof of your right to act) to:

Email: [mydata@stroke.org.uk](mailto:mydata@stroke.org.uk)

By post:  
Stroke Association  
Stroke House, 240 City Road London EC1V 2PR