

Subject Access Request Support Form

This is a form to support with your application for access to your personal data held by your School/ The Good Shepherd Trust (the Trust)

Your Subject Access Rights

Subject to certain exceptions, you have a right to have access to and / or correct any personal information that the School/Trust holds about you (your 'personal data').

If you wish to make a Subject Access Request, please ensure that all the necessary information of what it is you require is given to enable the request to be completed within the timescales. We have 1 calendar month to respond to any Subject Access Request.. If required, you may be asked to provide proof of identity when making the request.

The purpose of this form is to ensure that all the necessary information to complete your Subject Access Request is provided to the School/Trust.

The use of this form is not compulsory, but if you do not use it then please ensure that all the necessary information on this form is provided to the School /Trust when making your request.

You will not usually need to pay a fee to access your personal data. However, if your request is unfounded or excessive, we may charge a reasonable fee for complying with your request, or we may refuse to comply.

The term "data subject" refers to the person about whom the information is being requested

Section1 – Details of the data subject

Title e.g. Mr, Mrs, Miss, Ms, Other (Please specify)	
First Names	
Surname/Family Name	
Date of Birth (dd/mm/yyyy)	
Gender	
Email address	
Current Home Address (must NOT be a PO box address)	
Telephone number/s	

Section 2 - Are you the data subject?

		Please tick
Yes	If you are the data subject, please go to Section 4	
No	If you are acting on behalf of the data subject, please go to Section 3	

Section 3a

Details of the person re	equesting the informat	ion (if different to Section 1)
Title e.g. Mr, Mrs,		
Miss, Ms, Other		
(Please specify)		
First Names		
Surname/Family		
Name		
Company (if		
applicable)		
Email address		
Address (must NOT		
be a PO box		
address)		
Telephone number		
Section 3b - Rela	ationship with dat	a subject.
Please describe your r	plationship with the data	CUDIACT THAT IDAMS VALUED MAKE THIS
_	•	subject that leads you to make this
Please describe your r request on their behalf:	•	subject that leads you to make this
_	•	subject that leads you to make this
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Section 4 – Proof of Identity.

In order to prove the data subject's identity, we may need to ask to see copies of two pieces of identification, one from list A and one from list B below. Please indicate which ones you are supplying. Please do not send originals.

In addition, if you are acting on the data subject's behalf, we also may need to see evidence of your identity. Please send us two pieces of identification, one from list A and one from list B below.

List A (one from below)	List B (plus one from below)
 ✓ Current valid (signed) Passport ✓ Photo driving licence ✓ National Identity Card 	 ✓ A letter sent to you by the Trust ✓ Utility bill showing current home address ✓ Bank statement or Building Society Book ✓ Council Tax Bill

Section 5 – Details of the data required

Please provide as much detail as you can about the personal data you are requesting. To help us locate it quickly please describe as precisely as possible the information you seek, together with any additional information which will help us to locate it, for example: the School or departments in which it may be held; the nature of your current/past relationship with the Trust (i.e. student/parent/employee); the dates on which correspondence or other material may have been created, etc. Please include your staff number (if applicable) and continuing on a separate sheet if necessary:

Please tell us :	as much as vou	can about the pe	rsonal data vou	are after?
i icase tell us (as illucii as vuu	i Gail abbut the be	i sullai uala vuu	ale allel :

Are there any specific dates you require this information to relate to?
Please state:

Section 6 – Declaration

Date:

Signature of Data Subject/Representative:

n.carruthers@waverley-abbey.surrey.sch.uk

Please return the completed form to:

The information which I have supplied in this application is correct, and I am the person to whom it relates or a representative acting on his/her behalf. I understand that the Trust may need to obtain further information from me/my representative in order to comply with this request.

OI .
The Data Protection Officer Waverley Abbey School Tilford Street Tilford, Farnham Surrey, GU10 2AE
Voluntary Information
It would be helpful for us to know the reasons for your request, as this information will help us to improve our service (this is voluntary so you don't have to provide any reason and it will have no bearing on the processing of your subject access request):