

Your Name
Home Address
Contact No
Email address
Any other names you are/were known by (if relevant)

Name of person whose records you want to see (if different from above)
Address if different from above
Contact No
Email address
Any other names the person is/was known by

Are you (or the person whose records you want to see) currently in contact with the school?
Yes No
If yes , what is the name and address of the person you are in contact with?
If no , please can you give us details of where you* lived when you were in contact with the school:
*or the person whose records you want to see

l would like	
	a copy of my information to be sent to my address by ordinary post
	to come in and view/collect my information/file with a staff member present if appropriate
	my information emailed to me*. My email address is
email,	nool takes no responsibility for personal information transmitted via as this is not a completely secure method of exchange/transfer. files will be scanned and sent electronically.

I would like to see
information relating to social care services
information relating to education provision
other
Please describe the personal data you require access to together with any other relevant detail that will assist in identifying this data.
 Examples : * if data is only required from a particular department or a selected number of departments then please indicate this in the space below * detail any reference / account numbers you are aware of * define whether the data required is for the current period or if historical indicate time span required

Declaration
I wish to see my own records and enclose a copy/s of appropriate identification*
 Please be aware you will be required to produce one of the following as proof of identity before we will proceed with your request
Current Passport (or photocopy)
Current Driving Licence (or photocopy)
A combination of two different utility bills and/or bank statements no more than 3 months old
Verification by a school officer who has been working with you (this will be recorded on your file)
Signed
Date

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If you are acting on behalf of another person please complete the relevant Section of the attached Proof of Consent Form:

Complete Section A if you are acting on behalf of someone else OR

Complete **Section B** if you are acting on behalf of a child under 12 or an adult who lacks capacity;

OR Complete **Section C** if you are a legal representative

Proof of Consent Form (Subject Access Request)

One section of this form must be completed if you are undertaking a subject access request on behalf of someone else.

Section A

To be completed when acting on behalf of an adult or young person

I am undertaking this subject access request on behalf of:
(Insert name of individual whose personal information you wish to see)
My relationship to them is:
(e.g. partner, parent, legal guardian, main carer, advocate, etc.)
I enclose the following form of identification:
(e.g. copy of your passport, driving licence, combination of utility bills and/or bank statements)
Declaration
I, the data subject, confirm that I am happy for
to undertake this subject access request on my behalf
Signed
Date
If you are carrying out a Subject Access Request on behalf of a child of 12 or over, they will need to sign the above declaration to confirm they are happy for you to act on their behalf.

Section **B**

To be completed when acting on behalf of a child **under** 12, **or** an adult who lacks capacity

I am undertaking this subject access request on behalf of:		
(Insert name of individual whose personal information you wish to see)		
My relationship to them is:		
(e.g. parent, legal guardian, main carer, advocate etc.)		
I enclose either a copy of		
their birth certificate to confirm they are under 12 years		
or		
my personal Welfare Power of Attorney for the subject		
I enclose the following form of identification:		
(e.g. copy of your passport, driving licence, combination of utility bills and/or bank statements)		
Declaration		
I confirm I am the subject's main carer.		
Signed		
Date		

Section C

If you are a legal representative undertaking a subject access request on behalf of a client, they will need to complete this section on the form to show they are happy for you to do this.

(Insert the name of the legal representative)
of (Insert the name of the legal firm)
has permission to undertake this subject access request on my behalf. I also enclose a copy of the following form of ID to confirm my identity as the subject
(e.g. copy of your passport, driving licence, combination of utility bills and/or bank statements)
Name
Signed
Date

Please return the completed form and documents to:

St. Anne's Catholic High School for Girls

Attn: Paul Quinn, Consultant School Business Leader

6 Oakthorpe Rd

London, N13 5TY

or

quinnp@st-annes.enfield.sch.uk

On receipt of this form and suitable ID, we will respond to you within 1 calendar month.