

**DATA PROTECTION ACT 1998**

**SUBJECT ACCESS REQUEST FORM**

If you wish to find out what information, if any, may be held about you by Causeway Coast and Glens Borough Council please complete the enclosed application form.

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| Your Rights | Subject to certain exemptions, you have a right to be told whether any personal information is held about you, the reason(s) why it is being held and who uses that information. You also have a right to a copy of that information. |

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| **The Council’s Rights** | The Council is only required to give you the information you are seeking if it is satisfied as to your identity. We are not required to provide information if someone else can be identified from it, unless that person consents to the disclosure, and we may deny access to personal information where this is allowed by the Data Protection Act 1998. In any event, we will respond to your application within 40 days if you have provided us with sufficient information relating to your identity, and to assist us in locating the required information, if any. |

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| Proof of Identity | Sections 1 and 3 of the form require you to give sufficient information about yourself to help the Council to confirm your identity. We have a duty to ensure that personal information which we hold is secure and we must be satisfied that you are who you say you are.  Section 4 requires you to enclose evidence of your identity with your application. |

When you have completed this form please send it to,

The Information Governance Office

**Causeway Coast and Glens Borough Council**

**Cloonavin**

**66 Portstewart Road**

**COLERAINE. N Ireland. BT52 1EY**

When completing this form, please use block capitals.

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| **Section 1: Applicants Details** | |
| Personal Details | |
| Name |  |
| Address Line 1 |  |
| Address Line 2 |  |
| Town |  |
| County |  |
| Postcode |  |
| Country |  |
| Telephone Number |  |
| Preferred format for receipt of information |  |

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| Section 2: Verification | |
| Are you the Data Subject | YES / NO  (if the answer is yes, proceed to Section 3) |
| Are you an agent for the Data Subject | YES / NO  (if you are an agent, please attach a copy of your authority to act on behalf of the data subject, including your full name and address. |

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| Section 3: Data Subject – Additional details (if relevant to assist Council with locating the relevant records) | |
| Date of Birth |  |
| Previous Surname / Maiden Name |  |
| Previous Address to include postcode |  |

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| Section 4: Request Details. |
| Please describe as specifically as possible, the type of information you require, to include any relevant time frames, include dates when you may have changed your name or address. |
| (Please continue on another page is necessary and firmly attached to form). |

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| **Section 5: Proof of Identification / Proof of Residential Address** | | | |
| **Identity Verification** | | **Address Verification** | |
|  | Please tick one box | You must provide at least ONE of the documents from the list below | Please tick box |
| Passport |  | Utility Bill (e.g. electricity, gas, oil) |  |
| Driving Licence |  | Rates Bill |  |
| Other  [Insert details][[1]](#footnote-1) |  | Telephone Bill |  |
|  |  | Credit Card or Bank Statement |  |
|  |  | Other  [Insert details][[2]](#footnote-2) |  |
| **All proof of identification must be valid** |  | **All proof of address must be valid (last 6 months) and must include the individual’s name and address. Photocopy acceptable.** |  |

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| Section 6: Declaration. | |
| I declare that the information given in this application is correct. | |
| Signed |  |
| Date |  |

1. EU Photo ID Card, Adoption Card, HM Forces ID Card are acceptable. [↑](#footnote-ref-1)
2. Marriage Certificate, TV License, P45/60 Statement, Tax Code Statement (current year)] are acceptable [↑](#footnote-ref-2)