



# Subject Access Request Form

## Application for access to your personal data held by Derbyshire Fire & Rescue Service

### Your Subject Access Rights

Subject to certain exceptions, you have a right to have access to and / or correct any personal information that Derbyshire Fire & Rescue Service (DFRS) holds about you (your 'personal data').

If you wish to make a Subject Access Request, please complete this form carefully and follow the instructions regarding the provision of proof of identity and details of how to return the form to the DFRS.

The purpose of this form is to ensure that all necessary information to complete your Subject Access Request is provided to DFRS. You are not obliged to use this form, but if you do not, please ensure that all necessary information on this form is provided to DFRS.

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

### Section 1 – Details of the data subject

DFRS Claims Reference Number (if known/applicable)	
Title (please tick one)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms  Other <input type="checkbox"/> (please state).....
First Name	
Family Name	
Date of Birth (dd/mm/yyyy)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current Address (must NOT be a PO box address)	
Telephone number	
Email address	



**Section 2 - Are you the data subject?**

<input type="checkbox"/> Yes  If you are the data subject, please go to Section 4	<input type="checkbox"/> No  If you are acting on behalf of the data subject, please go to Section 3
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**Section 3 - Details of the person requesting the information (if different to Section 1)**

Title (please tick one)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms  Other <input type="checkbox"/> (please state).....
First Name	
Family Name	
Company (if applicable)	
Address (must NOT be a PO box address)	
Telephone number	
Email address	
<b>Relationship with data subject</b> Please describe your relationship with the data subject that leads you to make this request on their behalf:	

**Section 4 – Requested data**

Please describe the type of personal data you are requesting eg Personal Records File



### Section 5 - Authority to release information

A representative needs to obtain authority from the data subject before personal data can be released. The representative should obtain the data subject's signature below, or provide a separate form of authority. This must be an original signature, not a copy.

If the data subject lacks capacity to give authority in this way, the representative should provide evidence of the authority that it has, such as proof of legal guardianship for children under 12 or a power of attorney.

#### Form of Authority

I hereby give my authority for the representative named in Section 3 of this form to make a Subject Access Request on my behalf under the General Data Protection Regulation (Regulation (EU) 2016/679).\*

I hereby make this Subject Access Request for the release to me of the personal data listed in Section 4 of this form.\*

(\*Delete as appropriate)

Signature of Data Subject:

.....

Date:

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