

Subject Access Request Guidance

Please read before filling in the Subject Access Request Form

Which sections should I complete?

Sections 1, 2, 3, and 4 should be completed for all applications.

Sections 5, 6 and 7 (Representative Details and Authority to Release Information to a Representative) should only be completed if the application is being made by a representative (i.e. someone other than the data subject themselves).

What information will help with the processing of my subject access request?

If you cannot provide us with satisfactory proof of identity, your application will be rejected and any fee already paid will **not** be returned.

What information does Reflexion Care Group Limited hold?

Reflexion Care Group Limited only holds information relevant to enable it to conduct its business and to meet its legal obligations, which will include, but is not restricted to, personal information about employees, contractors, customers and young people. Please note that some data may have been reviewed and destroyed where appropriate in accordance with our information retention policies.

Reflexion Care Group Limited is the 'data controller' for certain information held on behalf of certain third parties who contract to Reflexion Care Group Limited who provide certain

How long will it take to get my data?

Once we are satisfied that you meet the criteria for disclosure of data under the Data Protection Act, and have provided sufficient information, you should receive a response within 1 calendar month (unless requests are complex or numerous) from the date that we accept your application for processing.

Records may be held in several different locations in paper and electronic formats. If you only require specific information and you clearly state what that is – for example a specific document or IT-only data – then you are likely to get a quicker disclosure.

The form includes a section for giving details if you need a disclosure by a certain date. No guarantee can be given that a disclosure will be completed by that date but we will endeavour to comply with reasonable requests for expedited action.



General Notes

1. We will not acknowledge your application in writing but we will provide you with a reference number when we write to you.
2. When we process information requests for children aged 16 or over and spouses, we require their signature of authority before disclosing data. A separate application form should be completed for each individual and additional fee submitted. Sections, 3 and 4 should be completed by a parent/guardian for a child under 16.
3. The documents that you receive may have data redacted (blacked-out) or contain rough notes that may lack clarity. This is because we aim to supply copies of the original records whenever possible. However, certain records may also include third party information which we cannot release to you under the Data Protection Act, e.g. another person's data, this is removed.
4. We will not disclose information by fax or telephone . Disclosure by post is usually made by first class post to the address you provide in section 2 or, if appropriate, to your representative named in section 5.

Checklist

- Have you completed all relevant sections of the form?
- If you are a representative, has your client signed the authority in Section 7 or provided a separate signed note of authority?
- If you are submitting the form yourself, have you signed the form at Section 4?
- If you are signing as a parent or guardian of a child under 16, have you provided a photocopy of their full birth certificate, photocopies of any court orders and proof of your parental responsibility?
- If you are a Representative have you enclosed two pieces of identification from the lists in Section 6 (one from each of A and B)?
- Have you signed the declaration in Section 4?
- Have you provided as much information as possible to enable us to find the data you require?

Please send your completed form and any proof of identity required to:

Data Controller, Reflexion Care Group Limited

Black Birches

Hadnall

Shrewsbury

SY4 3DH

Tel: 01939 210040

Email:



Section 1 – Applicant Details

Title (please tick one):	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Title (please state):
Forename(s):		
Family Name:		
Previous Family Name:		
Other name(s) known by:		
Date of Birth (dd/mm/yyyy):/...../.....	Male <input type="checkbox"/> or Female <input type="checkbox"/>
Nationality:		
Place of Birth:		
Identifying Information	Payroll Number.....	

Section 2 – Applicant Details

Current Address:	
Postcode	
Daytime Telephone No:	
Email Address:	
Previous Address:	
Postcode:	



Section 3 – Details of Information Required

Please use this space to give us any details about the information you are requesting, for example by stating specific documents you require (use extra sheets if necessary):

Section 4 – Declaration

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 Reflexion Care Group Ltd may need to obtain further information from me/my representative in order to comply with this request.

Signature of Applicant:	Date:
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Section 5 – Representative Details

(If completed HM Passport Office will reply to the address you provide in this section)

Name of Representative:	
Company Name:	
Address & Postcode:	
Daytime Telephone No.:	
Email Address:	

Section 6 – Proof of the Representative’s identity

Please provide copies of two pieces of identification, one from list A and one from list B below and indicate which ones you are supplying.

Please DO NOT send an original passport, driving licence or identity card

List A (photocopy of one from below)

List B (plus one original from below)

Passport/Travel Document	<input type="checkbox"/>	A letter sent to you by the Passport Office	<input type="checkbox"/>
Photo driving licence	<input type="checkbox"/>	Utility bill showing current home address	<input type="checkbox"/>
Foreign National Identity Card	<input type="checkbox"/>	Bank statement or Building Society Book	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Section 7 – Authority to release information to a Representative

A representative needs to obtain authority from the applicant before personal data can be released. The representative should obtain the applicant’s signature below, or provide a separate note of authority.

This must be an original signature, not a photocopy (tip: using blue ink often helps verification).

If the applicant is signing as the guardian of a child under 13, proof of legal guardianship must also be provided.

I hereby give my authority for the representative named in Section 5 of this form to make a Subject Access Request on my behalf under the Data Protection Act 1998.	
Signature of Applicant:	Date:
Signature of Representative:	Date:



Section 8 – Timescale

If you have specific reasons for requiring data by a specific date please give details below:

(a) Date required:
(b) Reason (please state and supply supporting evidence):