**APPLICATION FOR ACCESS TO PERSONAL INFORMATION**

**Section 1 – Details of Person Making the Request “the applicant”**

**Full Name of Person Making the Request:**

**Address of Person Making the Request:**

**Telephone Number of Person Making the Request:**

**Email Address of Person Making the Request:**

**Section 2 – Data Subject (the person that the data that is being requested relates to) Details.**

**Full Name of Data Subject:**

**Previous Name(s) where applicable:**

**Date of Birth:**

**NHS Number (If known):**

**Data Subject’s Current Address:**

**Data Subject's Previous Address(es), if applicable:**

**Data Subject’s Telephone Number:**

**Data Subject's Email Address:**

**Section 3 – Description of the information you require**

Please provide as much information as possible giving full details of the periods you are interested in. This should include the type of information that is being requested and the dates that the data relates to:

**Section 4 – Declaration**

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the personal information referred to above under the terms of the General Data Protection Regulation/Data Protection Act 2018 / Access to Health Records Act 1990.

If you are not the data subject named in Section 2, please confirm which of the following applies by ticking the appropriate in front of the appropriate descriptor:

**I am the parent / guardian of an individual under 16 years old who has completed the Authorisation section (Section 4).**

**I am the parent / guardian of an individual under 16 years old who (is unable to understand the request / has consented to my making this request).**

**I am the deceased patient’s personal representative and attach confirmation of my appointment by a court to manage the patient’s affairs**

**I am the legal representative of the individual, and they have given signed authorisation (Section 4)**

**Other (please specify)**

**Section 5 – Authorisation**

I hereby authorise NHS Shropshire, Telford and Wrekin to release the requested personal data that they may hold relating to me.

**Signature of Applicant:**

**Signature of Data Subject:**

**(where this is different to the applicant):**

**If the Data Subject is unable to sign, please specify the reason why:**

**Date:**

**Once completed, please return this form:**

By Post to: NHS Shropshire, Telford and Wrekin

Wellington Civic Offices

Larkin Way

Tan Bank

Wellington

Telford

TF1 1LX

By Email to: [stw.dsar@nhs.net](mailto:stw.dsar@nhs.net)

**If assistance is required to complete this form or if you need this form in a different format, please contact: 01952 580300.**