



Subject Access Request Form

The General Data Protection Regulation and The Data Protection Act 2018

Part 1 – Person that the information relates to (the data subject).

| | |
|--------------------------|---|
| Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> |
| Surname | Forenames |
| Maiden Name/Former Names | Service Number (if applicable) |
| Date of Birth | Gender Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Current Address | |
| Postcode | Telephone No. |
| E-mail address | |

I enclose a photocopy of one of the following as proof of the identity of the data subject.

☐ Birth Certificate ☐ Driving Licence ☐ Passport

Part 2 – Is the requested information about you (are you the data subject?)

NO the information is not about me (go to part 3) YES the information is about me (go to part 4)

Part 3 – Person (agent) acting on behalf of the data subject.

| | |
|----------|---|
| Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: |
| Surname | Forenames |
| Address | |
| Postcode | Telephone No. |

What is your relationship to the data subject? (e.g. parent, carer, legal representative)

Do you have legal authority to request the data subject's information? Yes ☐ No ☐

If the data subject is under 13, do you have parental responsibility for them? Yes ☐ No ☐



Part 4 – Details of information being requested.

Please help us to deal with your request quickly and efficiently by giving as much detail as possible about the information you want. If possible restrict your request to a particular service, period of time or incident. If necessary, continue this section on a separate page.

Information requested:

Information requested covers

From:

To:

Relevant details to help us locate the Information. (address at the time, Service number or Department, names of previous contacts, any file reference if known etc.)

Examples of Data Held

People and Organisational Development

Personnel Files

Yes ☐

No ☐

Occupational Health

Occupational Health Administration records

Yes ☐

No ☐

Sickness Pay Documentation File

(specify month/year) (mm/yyyy)

Yes ☐

No ☐

NOTE: Occupational Health Medical File is held by Dr. T Hussain, Consultant Occupational Physician, Fire Service Medical Officer and can only be accessed by applying to him.

Requests for Occupational Health Records, please write to: Dr. T. Hussain
Consultant Occupational Physician
Fire Service Medical Officer
Occupational Health Unit
Merseyside Fire and Rescue Service Headquarters
Bridle Road
Bootle
L30 4YD



Merseyside
**FIRE & RESCUE
SERVICE**

| | | |
|---|------------------------------|-----------------------------|
| | | |
| Training and Development | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Discipline | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Complaints | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Grievances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Absence Monitoring File | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Finance | | |
| P60 information (specify year) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pay slip information (specify month/year) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Health and Safety | | |
| Health and Safety information e.g. accident reports | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Community Risk Management | | |
| Youth Engagement, Home Safety records | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Equality and Diversity | | |
| Information relating to equality and diversity matters | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Legal | | |
| Legal issues – e.g. insurance claims | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| PO Suite | | |
| Chief Fire Officer records | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Deputy Chief Fire Officer records | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Training and Development Academy | | |
| Training and Development records | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Incident Investigation Team | | |
| Accident/Incident Investigation records | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Please specify what data you require in detail ----- ----- ----- ----- | | |
| NOTE – Information relating to Community Risk Management is usually requested by members of the public and not as an employee. | | |



Part 5 – Access to the information.

| | | |
|--|---|---|
| Do you wish to: | <input type="checkbox"/> View the information | <input type="checkbox"/> Be provided with a copy |
| Copies (if requested) to be | <input type="checkbox"/> Sent to the data subject | <input type="checkbox"/> Sent to you <input type="checkbox"/> Collected |
| Do you have any special needs when viewing the information or in relation to the format in which it is provided? | | |

Part 6 – Declaration

I certify that the information provided on this form is true. I understand that Merseyside Fire and Rescue Service is obliged to confirm proof of identity/authority and that it may be necessary to obtain further information in order to comply with this subject access request.

| | | | |
|-----------|--|------|--|
| Name | | | |
| Signature | | Date | |

Warning – a person who unlawfully obtains or attempts to obtain personal information is guilty of a criminal offence and is liable to prosecution.

Part 7 – Before submitting this form please check that you have:

- ☐ Enclosed proof of the identity of the person the information is about (the data subject) ? (Part 1)
- ☐ Enclosed proof of authority to act on behalf of the data subject? (Part 3)
- ☐ Enclosed proof of your identity if acting on behalf of the data subject? (Part 3)
- ☐ Given enough details for us to locate the information you want? (Part 4)
- ☐ Signed and dated the declaration? (Part 6)
- ☐ Completed all sections ? (Part 3 to be completed by a person acting on behalf of data subject)

Please submit this form and accompanying documents by post to:

Information Management Officer
 Strategy and Performance
 Merseyside Fire and Rescue Service
 Bridle Road
 Bootle
 Merseyside
 L30 4YD

Telephone Number 0151 296 4425