

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 No. (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 <input type="checkbox"/>
Surname			Forenames		
Address					
Postcode			Telephone No.		
E-mail address					

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

Please state the nature of your legal authority and enclose a copy of authorisation: –

Power of Attorney Consent form Other (Please state)

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.

Period information requested for

Date From:

Date To:

Information required from departments: -

People and Organisational Development

Contractual Information (<i>PR files</i>)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recruitment and Progression files (<i>PR files</i>)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Training and Development files	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discipline files	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Complaints files	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Grievances files	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Absence Monitoring files	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Occupational Health Administration files	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Time & Resource Management files	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Sickness Pay Documentation files

Yes

No

(*specify month/year*) (*mm/yyyy*)

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

Finance

P60 information (*specify year*)

Yes

No

Pay slip information (*specify month/year*)

Yes

No

Health and Safety

Information from Health and Safety files (*e.g. accident reports*)

Yes

No

Community Risk Management

Youth Engagement files

Yes

No

Home Fire Safety check files

Yes

No

Arson Reduction files

Yes

No

NOTE – Information relating to Community Risk Management is usually requested by members of the public and not as an employee.

Equality and Diversity		
Equality and Diversity files	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Legal		
Legal department files (e.g. insurance claims)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PO Suite		
Chief Fire Officer files	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deputy Chief Fire Officer files	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Assistant Chief Fire Officer files	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Training and Development Academy		
Training and Development files (e.g Command Department files)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Incident Investigation Team		
Accident Investigation files / Incident Investigation files	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Part 5 – Other Departments

Please specify which files and from which department: -

Part 6 – Any other Information required

Please provide details of any other information required and from whom: -

Part 7 – 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"/> Posted to the Data Subject	<input type="checkbox"/> Collected by the Data Subject
	<input type="checkbox"/> Posted to the Agent	<input type="checkbox"/> Collected by the Agent
Do you have any special needs when viewing the information or in relation to the format in which it is provided?		



Part 8 – Declaration			
I certify that the information provided on this form is true. I understand that Merseyside Fire and Rescue Authority 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 9 – Before submitting this form please check that you have:	
Enclosed proof of the identity of the person the information is about (<i>the Data Subject</i>)? (Part 1)	<input type="checkbox"/>
Enclosed proof of authority to act on behalf of the Data Subject? (Part 3)	<input type="checkbox"/>
Enclosed proof of your identity if acting on behalf of the data subject? (Part 3)	<input type="checkbox"/>
Given enough details for us to locate the information you want? (Parts 4, 5, 6, 7)	<input type="checkbox"/>
Signed and dated the declaration? (Part 8)	<input type="checkbox"/>
Completed all sections? (Part 3 to be completed by a person acting on behalf of Data Subject)	<input type="checkbox"/>

Please submit this form and accompanying documents by post or email to: -

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

Telephone Number: 0151 296 4425
 Email: dataprotection@merseyfire.gov.uk