



# St Wilfrid's Hospice

## APPENDIX 2 – REQUEST FORM

### SUBJECT ACCESS REQUEST (SAR) – ASKING FOR COPIES OF YOUR DATA

#### 1. Who is making this request?

We're asking for your contact details so we can send your response and discuss your request with you (if needed). You only need to give us relevant details. For example, you only need to give us your postal address if you'd like us to respond by post or if you think it would help us identify you. We may ask you for proof of ID if we feel it's reasonable and proportionate. The timescale for responding to your request will start when we receive this.

Your Title/Name	<hr/>		
Postal Address	<hr/>		
Postcode	<hr/>	Email	<hr/>
Contact Number – Home Phone	<hr/>	Mobile phone number	<hr/>
NHS Number (if you are our patient)	<hr/>	Sex	<hr/>

Are you making this request on behalf of someone else? ☐ Yes ☐ No (Please move to section 3)

#### 2. Please provide contact details of the person you are making the request for.

If you're making the request on behalf of someone else, we need to know who they are and their contact details:

Name of other person	<hr/>		
Their postal address	<hr/>		
Postcode	<hr/>	Email	<hr/>
Contact Number – Home Phone	<hr/>	Mobile phone number	<hr/>
Their NHS Number (if they are our patient)	<hr/>		

**You also need to give us proof of your authority to act on their behalf. For example, the relevant copy of the approved Power of Attorney form.**

Please send proof of authority together with this form when you make your request.

- ☐ Yes, I've got proof of my authority to act on someone else's behalf and I'll include it with my form.
- ☐ No, I haven't got any proof of authority yet, but will send it at a later date. I understand you can't action my request until you receive this information.

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3. How would you like us to respond to you?

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We'll try and respond to you in the way that suits you. Please let us know if you need us to make any adjustments for you eg large font.

☐ **Email**      ☐ **Post**      ☐ **Other (please specify):** .....

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4. What personal data are you requesting?

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If you know exactly what personal data you're looking for, it's helpful if you let us know.

For example, if you need a copy of a specific letter, we could search for this using a particular word or phrase.

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**Briefly describe your request:**

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5. Is there a date range of the personal data you're asking for?

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It's helpful if you're as specific as possible about your request. For example, if you've been a patient for several years, but you only need data about recent history, you could ask for data between dates such as only in the last few months.

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**Date from:**

**Date to:**

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6. Can you tell us anything else to help us with our search?

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If there's anything else of relevance you can tell us to help us identify you or the data you're requesting, please include this here. For example, any aliases or date of birth:

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**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 health record referred above under the terms of the Data Protection Act 2018 and UKGDPR.

**Signed:**

**Name:**

**Date:**

Thank you. You have the right to ask for copies of your personal data we store and use. We'll normally respond at the latest within one calendar month of receiving your request. There may be times where we need longer, or we may need to charge a reasonable fee for admin costs. We will let you know if this is the case. You don't have to use this form to ask for copies of your data but it is helpful for us to know what you're looking for so we can respond fully and promptly.

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**PROOF OF ID AND CURRENT ADDRESS - REQUIRED TO ENSURE THAT DISCLOSURE IS NOT MADE TO AN UNAUTHORISED PERSON**

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To establish your identity and address, this application must be accompanied by 2 **document(s)** bearing your full name and current address. Please scan/photograph original (if emailing). Photocopies are acceptable (if posting). The following documents may serve this purpose: -

- Council Tax bill or
- Other household bill (e. gas, telephone, etc.), or
- Any other official document which has your name and current address on it.

Please send completed forms to: **Associate Director for Quality and Governance , St Wilfrid's Hospice, 1 Broadwater Way, Eastbourne, BN22 9PZ**      email: **t.schrikker@nhs.net** or **stwh.spcreferrals@nhs.net**