

****Please note the turnaround time can be up to 30 working days. This is in line with the NHS legislative requirement. ****

Section 1 – Applicant Details

Title (please tick one):	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state):		
Forename(s):			
Family Name:			
Previous Family Name:			
Other name(s) known by:			
Date of Birth (dd/mm/yyyy):		Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/> (please tick)
Nationality:			
Place of Birth:			
Current Address:			
Postcode			
Daytime Telephone No:			
Email Address:			
Previous Address:			
Postcode:			

Section 2 – Proof of the applicant's identity

In order to prove the applicant's identity, we need to see copies of two pieces of identification, one from list A and one from list B below. Please 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"/>	Bank statement or Building Society Book	<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"/>	Letter or other bill in the name and current address of the applicant from a third party company / organisation (If in doubt please contact the Practice)	<input type="checkbox"/>
Child under 16 : Full birth certificate	<input type="checkbox"/>		

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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 Bruntsfield Medical Practice 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 Bruntsfield Medical Practice 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"/>	Bank statement or Building Society Book	<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"/>	Letter or other bill in the name and current address of the applicant from a third party company / organisation (If in doubt please contact the Practice)	<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 12, proof of legal guardianship must also be provided.

I hereby give my authority for the representative named in Section 5 & 6 of this form to make a Subject Access Request on my behalf under the Data Protection Act 2016.	
Signature of Applicant:	Date:
Signature of Representative:	Date:

(a) Date required:

(b) Reason (please state and supply supporting evidence):