



## Sinclair House School

### **Subject Access request form**

Please complete in **BLOCK CAPITALS** if handwritten

Section 1 – The Request		
I am the person the information is about	<input type="checkbox"/>	if yes, please tick and then complete Sections: 3, 4, 5 and 6
OR		
I am acting on behalf of someone else	<input type="checkbox"/>	if yes, please tick and then complete Sections: 2, 3, 4, 5 and 6

Section 2 – The Information requested is about someone else			
I am the child's parent	<input type="checkbox"/>	I enclose proof of parental responsibility	
The child is over the age of 13	<input type="checkbox"/>	I enclose consent to share from the child	
OR			
I am the personal representative for a deceased person	<input type="checkbox"/>	I enclose evidence of this	
I am requesting the information on behalf of someone else	<input type="checkbox"/>	I enclose a consent to share form	
If you are requesting information on behalf of someone else, please give YOUR details below:			
Full Name:		Relationship to data subject:	
Contact Number:		Email Address:	
Postal Address:			



### Section 3 – Who is the Person that the information relates to?

(The 'Data Subject')

Title:		First Name:		Surname:	
		Maiden Name:		Other Names:	
Date of Birth:		Contact Number:		Email Address:	
Postal Address:					

### Identification Documents - please select one from each section

Category 1: Photographic Proof of Identification		Category 2: Proof of Address	
Passport	<input type="checkbox"/>	Bank Statement	<input type="checkbox"/>
Driving Licence	<input type="checkbox"/>	Utility Bill	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
If other please state what equivalent is being supplied:		If other please state what equivalent is being supplied:	

### Section 4 – Details of the information being requested

Please help us deal with your request quickly and efficiently by giving as much detail as possible about the information you would like

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### Section 5 – Access to the Information

How would you prefer to receive your information?

If you have any special needs when viewing information please state here

### Section 6 – Declaration

I certify the information provided on this form is true.

I understand **Sinclair House School** is not obliged to comply with my request unless they are supplied with such information as they may reasonably require in order to satisfy themselves as to:

- my identity and
- to locate the information which I seek

Name		Date	
Signature			

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



Once the Form is Complete:	
Send this completed form to:	59 Fulham High Street London SW6 3JJ
For queries, please contact:	
Telephone:	0207 7369182
Email:	<a href="mailto:info@sinclairhouseschool.co.uk">info@sinclairhouseschool.co.uk</a>
Data Protection: The information included on this form will be used for the purpose of handling your subject access request and will not be kept longer than is necessary to do so.	
Please Note: If your Subject Access Request relates to a deceased person's personal information, you are advised to contact us in order that we can advise you of the process for requesting this type of information.	