



**SUBJECT ACCESS REQUESTS UNDER THE DATA PROTECTION LEGISLATION
REQUEST FOR ACCESS TO PERSONAL DATA APPLICATION FORM
(PLEASE COMPLETE IN BLOCK CAPITALS AND BLACK INK)**

Details of Person whose information is required

TITLE SURNAME.....
 FORENAME(S).....
 DATE OF BIRTH...../...../..... MALE FEMALE
 CURRENT ADDRESS.....

 POST CODE..... TEL NO.....

If name and/or address was different from the above during the period(s) to which your application relates please complete the following section:

PREVIOUS NAME(S).....
 PREVIOUS ADDRESS.....

- Please tick if this Application is in connection with an ongoing complaint against this Health Board
 CHC Reference No: Formal Complaint Reference No:
- Please tick if this Application is being made with a view to pursuing a complaint against this Health Board.

Information Required

Please provide as much information and detail as possible of the specific information you require (specify dates if appropriate).

Please indicate whether you require photocopies or wish to view the original records within a BCU Health Board site.

- Photocopies
- View original records

PLEASE COMPLETE RELEVANT SECTIONS

(Please Tick Appropriate Box)

- I am the applicant (complete section 1)
- I am acting on the applicant's behalf & the applicant has completed the authorisation (complete sections 1,2 & 3)
- I am acting with Parental Responsibility as the applicant is under 16 & unable to understand the request (complete section 1 & 3)
- I am acting with Parental Responsibility as the applicant is under the age of 16 & understands the request & has completed the authorisation (complete sections 1,2 & 3)
- I am acting as an attorney under a lasting power of attorney & the applicant is unable to understand the request (complete sections 1,2 & 3) **Please provide valid evidence of your authorisation.**
- I am acting as a deputy under a court order & the applicant is unable to understand the request (complete sections 1, 2 & 3). **Please provide valid evidence of your authorisation.**

Section 1 – Applicant's Declaration

I declare that the information given in this form is correct to the best of my knowledge and that I am entitled to apply for access to the information requested under data protection legislation.

Name of Applicant.....

Signature of Applicant.....

Date...../...../.....

Address for reply if different from that specified on 1st page:
.....

Section 2 – Applicant's Authorisation

I hereby authorise Betsi Cadwaladr University Health Board to release any personal data they may hold relating to me covered by the data protection legislation to:-
(Enter the name of the person applying on your behalf)

Whom I give consent to act on my behalf.....

Signature

Date...../...../.....

Section 3 – Proof of Identity

In order for us to process your application we require TWO forms of identification. Please provide one from each of the boxes below (please **do not** send originals):

Driving License
Passport
Birth Certificate

Utility bill
Bank Statement
Council Tax Notice

Please also provide us with valid evidence of your authorisation to represent the applicant in personal welfare decisions, from the following (please **do not** send originals):

Lasting Power of attorney
Court Appointed Deputy
IMCA Appointment

Please return this form together with your proof of identification to:-

**Information Governance Department
Betsi Cadwaladr University Local Health Board
Wrexham Maelor Hospital
Croesnewydd Road
Wrexham
LL13 7TD**

Any queries, please call 01978 727689 or email BCU.FOI@wales.nhs.uk