**SUBJECT ACCESS REQUEST FORM UNDER THE DATA PROTECTION ACT 1998**

Please note that completion of this form is not compulsory, but may assist us to process your request and verify your identity. Where the term “Data Subject” is used, it refers to the person about whom the information is being requested.

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| 1. Details of person requesting the information.   Full Name ……………………………………………………………………………………  Address ………………………………………………………………………………………  …………………………………………………………………………………………………..  Tel No. ………………………………….  Email: …………………………………..   1. Are you the Data Subject? (*Please circle)*   YES: If you are the Data Subject please supply two proofs of your identity i) name and address shown on a utility bill or bank statement and ii) driving licence or birth certificate (photocopies allowed) and a stamped addressed envelope for these documents to be returned to you. (Please go to question 5)  NO: Are you acting on behalf of the Data Subject with their written authority? If so, that authority must also be enclosed with two proofs of your identity as well as for the Data Subject (see above). (Please complete questions 3 and 4)   1. Details of the Data Subject (if different to 1)   Full Name ……………………………………………………………………………………  Address ………………………………………………………………………………………  …………………………………………………………………………………………………..  Tel No. ………………………………….  Email: ……………………………………………….. |
| 1. Please describe your relationship with the Data Subject that leads you to make this request for information on their behalf.   …………………………………………………………………………………………………..   1. Please describe the information you seek together with any other relevant information. This will help to identify the information you require.   …………………………………………………………………………………………………..  …………………………………………………………………………………………………..  …………………………………………………………………………………………………..  *The organisation is allowed to charge for this request for information. The current fee is £10.*  Declaration: To be completed by all applicants. Please note that any attempt to mislead may result in prosecution.  I ………………………………………………………, certify that the information given on this application form to The Institute of Cancer Research is true. I understand that it is necessary for the Institute to confirm my/Data Subject’s identity and it may be necessary to obtain more detailed information in order to locate the correct information.  Signature: …………………………………………………………..  Date: …………………………………………….  Note: the period of 40 days in which The Institute must respond to your request will not commence until it has received all the appropriate information; documentation and the fee.  **Please return the completed form to The Information Governance Manager, The Institute of Cancer Research, 123 Old Brompton Road, London SW7 3RP.**  Documents which must accompany this application:   1. two proofs of your identity; 2. evidence of the data subject’s identify (if different from above); 3. the fee of £10 (cheques to be made payable to The Institute of Cancer Research); 4. stamped addressed envelope for return of proof of identity/authority documents. |