

DATA PROTECTION ACT 2018 – SUBJECT ACCESS APPLICATION

Use this form to request information about you that may be held by the Office of the Police and Crime Commissioner for Norfolk

Your Rights

You have a right to be told whether any information is held about you and a right to a copy of that information, unless certain exemptions apply. You will be provided with that information only if you have provided satisfactory proof of your identity. Information may not have to be provided if someone else can be identified in or from the information. If you think that information might be held about you that may identify or have been provided by another person, you may want to get that person's written agreement to enable the information to be given to you, and send it with your application.

Chief Executive Rights

The Chief Executive may refuse a request where the information is held for:

- a) the prevention or detection of crime, or
- b) the apprehension or prosecution of offenders and giving you the information would be likely to prejudice any of those purposes.

The information you provide on this form will be used for processing your request.

What To Do

1. Complete the form below.
2. Include **Proof of Identity**. To help establish your identity this application must be accompanied by **two** official documents (originals or photocopies) which between them clearly show your **name, current postal address, date of birth and signature**, for example: birth certificate, driving license, passport, two utility bills/bank statements.
3. The completed form and proof of identity should be sent to the below address, for the attention of the Freedom of Information officer.

What Happens Next

Your application will be processed and a reply sent to you in the format you request in section 3.

The Act requires that you receive a reply within **one month** from the date the completed application form is received. Please contact us on the number below if you have not received your response within this period.

Section1

Please fill in your details (the data subject). If you are not the data subject and you are applying on behalf of someone else, please fill in the details of the data subject below and not your own.

Title: Mr: <input type="checkbox"/> Mrs: <input type="checkbox"/> Miss: <input type="checkbox"/> Ms: <input type="checkbox"/> Other -		
Surname/ Family Name:		
First Name(s)/Forenames:		
Date of Birth:		
Address:		
Post Code:		
Previous Addresses:		
Post Code:		
Day Time Telephone Number (s)		

I am enclosing the following copies as proof of my identity:		
Birth Certificate: <input type="checkbox"/> Driving Licence: <input type="checkbox"/> Passport: <input type="checkbox"/>		
Two utility bills/ bank statements: <input type="checkbox"/>		
Personal Information		
If you only want to know what information is held in specific records please indicate in the box below		
Please tell us if you know in which capacity the information is being held, together with any names or dates you may have. If you do not know the current name of the Team just tell us what you do know. If you do not know exact dates, please give the year(s) that you think may be relevant.		

Details:

Section 2

Please complete this section of the form with your details **if you are acting on behalf of someone else** (i.e. the data subject).

If you are **NOT** the data subject, but an agent appointed on their behalf, you will need to provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf.

Title: Mr Mrs Ms Miss Other –

Surname/ Family Name:

First Name(s)/Forenames:

Date of Birth:

Address:

Post Code:

Day Time Telephone Number (s)

Please provide proof of identity as detailed on page 1.

I am enclosing the following copies as proof of my identity:

Birth Certificate: Driving Licence: Passport:

Two utility bills/ bank statements:

What is your relationship to the data subject? (e.g. parent, carer, legal representative)

I am enclosing the following copy as proof of legal authorisation to act on behalf of the data subject:

Letter of authority Lasting or Enduring Power of Attorney

Evidence of parental responsibility Other (*give details*):

Data Subject Declaration:

I certify that the information provided on this form is correct to the best of my knowledge and that I am the person to whom it relates. I understand that the Office of the Police and Crime Commissioner for Norfolk is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

Name:

Signature:

Date:

OR

Authorised person – Declaration (if applicable):

I confirm that I am legally authorised to act on behalf of the data subject. I understand that the Office of the Police and Crime Commissioner for Norfolk is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

Name:

Signature:

Date:

Warning: a person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to prosecution.

Section 3

I wish to:

Receive the information in electronic format: (Some files may be too large to transmit electronically and we may have to supply in CD format)

Receive the information by post*:

*Please be aware that if you wish us to post the information to you, we will take every care to ensure that it is addressed correctly. However, we cannot be held liable if the information is lost in the post or incorrectly delivered or opened by someone else in your household. Loss or incorrect delivery may cause you embarrassment or harm if the information is 'sensitive'.

Please send your completed form and proof of identity to:

OPCCN
Jubilee House
Falconers Chase
Wymondham
Norfolk
NR18 0WW

Email: OPCCN-SAR@norfolk.pnn.police.uk