

SUBJECT ACCESS APPLICATION FORM

The information requested below is to help us SCR to confirm your identity and locate any data held about you. **SECTION 1 – About you** Surname/Family Name: Title: Forename(s):..... Maiden/Former Names..... Current address:....Postcode:.... Date of birth: Age (Years)..... Place of birth (Town & Country)..... Female Gender: Male Telephone Number: Mobile Number: Email Address: Telephone numbers and email addresses will be helpful in case we need to contact you for any reason. Please note - if we request any additional information, we can only accept your response by post for security reasons.



Please provide the addresses you have lived at for the last 5 years.

If you can't provide us with all of your previous address information, please give an explanation as to why this isn't possible with your application form.

SECTION 1 – About you (continued)
Previous Address 1
Postcode
Previous Address 2
Postcode
Previous Address 3
Postcode
Previous Address 4
Postcode
Previous Address 5
Postcode
Previous Address 6
Postcode



SECTION 2 – Personal data sought

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To help us locate all the information that may be held on you, please supply any additional details below (and continue on a separate sheet if necessary). We advise you to include, where relevant, a description of the information you are looking to get. For example it would be useful for us to be advised of a description of the circumstances in which you have made contact with the SCR.

SECTION 3 – Declaration (to be signed by applicant)
I certify that the information I have provided above is correct and I am the person to whom it relates.
Signed
Print Name
Date
Warning – A person who impersonates another or attempts to impersonate another may be quilty of a criminal offence.



Thank you for taking the time to complete the form. In the event that additional details are required, SCR will contact you in writing at your current address.

Submission of form and advice

When completed, please return your subject access application form together with your identity documents to:

Single Central Record Ltd

46 Seaview Road

Wallasey

CH45 4LA

FOR OFFICAL USE ONLY
To be completed by Single Central Record Ltd staff member. Check that the form has been completed, is legible and you are satisfied with the applicants' identity. Complete the form below accordingly.
Date application received
Application is legible? Yes/No
Application and Identification documents checked? Yes/No
List Identity document(s) provided (including name of person)
Print name of person completing
Signature
If the application is rejected this box needs to be completed by staff member receiving Subject Access.
Date application rejected
Reasons for rejection
Action taken
When closed
Staff member name
Signature