

Request for access to: Personnel/Supporter Records
held by Hospiscare under the:
DATA PROTECTION ACT 2018

IF YOU ARE THE EMPLOYEE/SUPPORTER APPLYING TO SEE YOUR OWN PERSONNEL/SUPPORTERS RECORD YOU SHOULD COMPLETE SECTIONS 1, 3, AND PROVIDE THE DOCUMENTATION REQUESTED IN SECTION 5

IF YOU ARE APPLYING FOR ACCESS TO SOMEONE ELSE'S PERSONNEL/SUPPORTERS RECORD YOU SHOULD COMPLETE SECTIONS 1, 2, 3, 4, AND PROVIDE THE DOCUMENTATION REQUESTED IN SECTION 5.

1 DETAILS OF DATA REQUIRED

Title..... Surname.....

Forename(s).....

Address.....

.....Postcode.....

Daytime telephone number..... Date of Birth.....

If you work or have worked for Hospiscare, please give the following details:

Department.....

Line Manager.....

Are you a current employee? YES / NO *(please delete as applicable)*

If NO – please provide leaving date.....

Please specify information required.....

.....
(please state month(s)/year(s) if possible)

2 DETAILS OF APPLICANT

*Please complete this section if you are **NOT** the person detailed above in section 1*

Title.....

Surname Forename(s)

Address

.....Daytime telephone number.....

3 DECLARATION

I declare that the information given by me on this form is correct to the best of my knowledge and that I am entitled to apply for access to the personnel/Supporter data detailed in Section 1 under the terms of the Data Protection Act 2018:

I am: *(please delete as applicable)*

1. the employee/supporter referred to in Section 1
2. the person who has been asked to act on the employee's/supporters behalf, by the employee/supporter, who has signed Section 4 below.

Signed.....Date.....

4 AUTHORISATION

This section should be completed and signed by the employee/supporter, to authorise the person identified in Section 2 to act on their behalf.

I hereby authorise Hospiscare to release personal data detailed in Section 1 to the person named in section 2.

Signed*(signature)*

5 DOCUMENTATION REQUIRED

- Employees/supporters requesting access, please provide a **copy** of one of the following to confirm your identity:
Driving Licence Passport Birth Certificate
- A person who has been asked to act on the employees/supporters behalf, please provide a **copy** of one of the following for BOTH yourself AND the employee/supporter:
Driving Licence Passport Birth Certificate

PLEASE NOTE THAT UNDER THE DATA PROTECTION ACT 2018, HOSPISCARE HAS A MAXIMUM OF 1 CALENDAR MONTH TO COMPLETE YOUR REQUEST.

**WHEN COMPLETE, THIS APPLICATION FORM SHOULD BE RETURNED TO:
Director of Finance and Governance / Company Secretary, Hospiscare, Searle House,
Dryden Road, Exeter, EX2 5JJ.
dpo@hospiscare.co.uk**