**Data Protection Request** 

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| **Application Form** |
| Please complete this form in as much detail as possible so that we can ensure we are able to comply with your request as quickly and effectively as possible. **Your Privacy**The information you provide on this application form will be used to facilitate your Data Protection request. The information will only be disclosed to individuals in the Council who require it to complete your request. Please be aware that your information may be passed to the Council’s Counter Fraud Service and/or the Police if we suspect any fraudulent activity. For more information about how we use your personal data please see the council’s privacy notice on our website: richmondshire.gov.uk/privacy |

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| **Part One – About You** *(So that we can easily identify you)* |
| Your First Name |  |
| Your Second Name |  |
| Any Previous Names: |  |
| Your Address: |  |
| Your Email Address (Optional): |  |
| Your Phone Number (Optional): |  |

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| **Part Two – Other Persons** *(So that we can easily identify them)* |
| Are you making this request on behalf of, or in conjunction with, another person?*(please circle)* | YES(Please fill in the below) | NO(Please continue to Part Three)  |
| Data Subject(s) First Name: |  |
| Data Subject(s) Second Name: |  |
| Any Previous Names: |  |
| Their Address:(*If different from above)* |  |
| Your relationship to the data subject(*Please Circle)* | Parent | Friend | Solicitor / Agent |
| Other (Please State): |
| Does the data subject know that you are making this request? | YES | NO |

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| **Part Three: Your Relationship with the Council** *(So that we can easily find your information)* |
| Are you currently open to a Council Service?*(Please circle)* | YES | NO |
| What area of the Council are you requesting information from: |  |

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| **Part Four: Your Application***(So that we can easily understand your request)* |
| What Data protection Right would you like to exercise?(*Please circle)* | Right of Access (Subject Access Request) | Right of Erasure (Deleting Information) |
| Right of Rectification(Correcting Information) | Right of Restriction(Restrict to one processing purpose) |
| Other (Please State):  |
| What is your request?(*Please be as detailed as possible so that we can understand your request)*  | *<If you require more space please use page 4>* |

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| **Part Five: Preferences and Equality** *(So that we can easily meet your needs)* |
| How would you prefer the information to be supplied to you? | Paper Copies | Electronic Copies |
| Do you require your information in large print? | YES | NO |

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| **Part Six: Your Signature**(*So that we can ensure that you are happy for us proceed with this request)*  |
| Signature: |  |
| Date of Request: |  |

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| **Please return this application form and copies of your ID to:** |
| Private and confidentialData Protection OfficerRichmondshire District CouncilStation RoadMercury HouseRichmondDL10 4JX |

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| **Office Use Only** |
| Request Number: |  |
| Date Received: |  |
| ID Type 1: |  |
| ID Type 2: |  |
| ID Authorised 1: |  |
| ID Authorised 2: |  |

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| **Please use this page to expand on your request (optional)** |
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