



## Application to receive Personal Information

### Part 1 – The Request

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Please complete in **BLOCK CAPITALS**

I am the person the information is about

if yes, please tick and then complete  
Parts 3, 4, 5 and 6

**OR**

I am acting on behalf of someone else

if yes, please tick and then complete  
Parts 2, 3, 4, 5 and 6

### Part 2 – The information requested is about someone else

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I am the child's parent

I enclose proof of parental responsibility

The child is over the age of 12

I enclose consent to share from the child

**OR**

I am requesting the information on  
behalf of someone else

enclose a consent to share form

If you are requesting information on behalf of someone else, please give **YOUR** details below

Full Name ..... Relationship to data subject .....

Address .....

Daytime Telephone Number .....

Email Address .....

**Part 3 – Data Subject - Person that the information relates to**

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Title ..... Surname ..... First Name .....

Maiden, previous or other names .....

Date of birth ..... :

Current Address .....

Post Code .....

Telephone Number. .... Email Address .....

**Identification Documents - please select one from each section**

**Section 1 - Proof of identification**

Passport  Driving Licence   
Other  please state .....

**Section 2 – If you wish to receive your information by post please provide proof of address**

Bank Statement                      Utility Bill   
Other  please state .....

**Part 4 – Details of the information being requested**

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Please help us deal with your request quickly and efficiently by giving as much detail as possible about the information you want and the service(s) you have received.

If you wish to receive only certain documents, for example a particular report or record, please describe these below:

If you require communications data e.g. emails, please advise us of the names you wish to search and the timeframe:

I would like to access communications between the dates below:	I would like to access communications about me between the following School staff:
From:	
To:	

**Part 5 – Disclosure of Information**

How would you prefer to receive your information?

.....

If you have any special needs when viewing information, please state here:

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**Part 6 – Declaration**

I certify the information provided on this form is true. I understand the School is not obliged to comply with my request unless they are supplied with such information as they may reasonably require in order to satisfy themselves as to my identity and to locate the information which I seek.

Name ..... Signature ..... Date .....

Warning – a person who unlawfully obtains, or attempts to obtain, personal information is guilty of a criminal offence and is liable to prosecution.

**Send this completed form to:**

Senior Information Risk Owner (SIRO)	Mr. S. Proctor	<a href="mailto:admin@westthurrockacademy.co.uk">admin@westthurrockacademy.co.uk</a>
Information Champion (IC)	Mrs. J. Pitcher	<a href="mailto:admin@westthurrockacademy.co.uk">admin@westthurrockacademy.co.uk</a>

For queries, please contact the email address above or phone 01708 86674.

Data Protection – The information included on this form will only be used for the purpose of handling your subject access request and will not be kept longer than is necessary to do so.