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| **Please provide your personal details below.** |
| **Name:** |  |
| **Current Address:** |  |
| **Previous address if residing at current address less than 2 years:**  |  |
| **Email address:** |  |
| **Date of birth:** |  |
| **Contact telephone number:** |  |
| **National Insurance number:** |  |
| **Reference number (if applicable):** |  |

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| **What is the nature of your request? (Please tick the relevant box).**  |  |
| To ask us for access to copies of the personal information we hold about you. Please indicate if your request relates to adoption records. |  |
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| To ask us to rectify your personal information if it is inaccurate or incomplete. |  |
| To ask us to stop processing your personal information *(this is known as the ‘right to object’).* |  |
| To ask us to ‘restrict’ the processing of your personal information *(e.g. restrict our access and use pending our consideration, for example, of any objection or erasure request you have submitted);* |  |
| To ask us to erase personal information we hold about you *(this is also known as the ‘right to be forgotten’).* |  |
| To ask us to put the personal information you have given us into a portable electronic machine readable format so it is capable of being transmitted to someone else. |  |
| To ask us ensure that a decision which legally affects you is reviewed by a person if the decision has been made solely using an automated computerised process;  |  |

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| **Please provide further information about your request for example what information you want, what information needs correcting or restricted from processing. Please provide as much information as you can.** |
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**Additional required information**

You must provide:

* Two proofs of identity, including confirmation of the data subject’s current address. Copies will be accepted if posted but we reserve the right to have sight of original documentation.
* A signed letter of authority from the data subject if you are acting as their agent

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| **Declaration of Data Subject.** |
| I confirm that I am seeking access to personal information about myself. |
| Signed: |  |
| Date: |  |

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| **Declaration of agent on behalf of Data Subject (to be completed only by person(s) acting on behalf of the data subject)** |
| I confirm that I am acting on behalf of the Data Subject. In addition to completing this, I attach a signed letter of authority from the data subject and the proofs of identity. |
| Signed: |  |
| Date: |  |
| Address: |  |
| Email address: |  |
| Contact telephone number: |  |

**Use of the information you have supplied**

This will be used to confirm identity and to locate the requested information. It may also be used for statistical and monitoring purposes.

If this is a request for copies of your information, please email the completed application form and supporting proof of identity (and letter of authority if acting as an agent) to informationandimprovement@tameside.gov.uk,

or by post to:

Information & Improvement

PO Box 317

Ashton under Lyne

OL6 0GS

All other requests should be sent to information.governance@tameside.gov.uk, delivered to any Council office or by post to:

PO BOX 317

Ashton under Lyne

OL6 0GS