




# Subject Access Request Form

## Document Control Sheet

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Head of Department signature	
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Target Audience	All Staff, patients

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## About this form

This form can be used if you want to make a request for information you believe the North East Ambulance Service NHS Trust (NEAS) holds about you or another person.

## How to complete the form

### Section A

This section must be completed for all applicants. Please complete all details relating to the data subject (person about whom the information is requested).

### Section B

This section should only be completed when the applicant is not the data subject and one of the following applies:

- The applicant has parental responsibility for someone who is under the age of 16 and who is incapable of understanding the request.
- The applicant has been appointed the Guardian for the patient, who is over age 16 under a Guardianship order.
- The applicant is acting on behalf of the data subject and has their consent.
- The applicant is the deceased data subject's next of kin.
- The applicant has a claim arising from the data subject's death and wish to access information relevant to the claim.

### Section C

This section must be completed for all applicants. Please specify the records/information you wish to access providing as many details as possible. It is not sufficient merely to state "all records". If you have insufficient space, please attach a continuation sheet containing full details.

### Section D

This section must be completed for all applicants and where option 3-6 is selected, please provide written information.

## SECTION A: Data subject details (person about whom the information relates)

Full name	
Date of Birth	
Current Address	
Postcode	
Telephone	
Proof of ID such as a copy of: <ul style="list-style-type: none"> <li>• driving licence <input type="checkbox"/></li> <li>• passport or <input type="checkbox"/></li> <li>• identity card <input type="checkbox"/></li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• A statement from someone who has known you for the last 12 months, excluding family members, stating their name and address confirming your identity <b>and</b> <input type="checkbox"/></li> <li>• A utility bill dated in the last 3 months. <input type="checkbox"/></li> </ul>	

## SECTION B: Details of person acting on behalf of the Data Subject

Full name	
Address	
Postcode	
Telephone	
Email	
Relationship to data subject	

## SECTION C: Description of information requested

Full Patient Care Record	<input type="checkbox"/>	Please include as much details as possible including date/time/location and any other identifying factors which will help us to search for the records):
Full call recording	<input type="checkbox"/>	
CCTV images	<input type="checkbox"/>	

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Full HR file	<input type="checkbox"/>	
Full training file	<input type="checkbox"/>	
Full Occupational Health file	<input type="checkbox"/>	
Other ( <i>please detail</i> )		

SECTION D: Declaration

1.	I am the data subject	<input type="checkbox"/>
2.	I have parental responsibility for someone who is under the age of 16 and who is incapable of understanding the request	<input type="checkbox"/>
3.	I have been appointed the Guardian for the patient, who is over age 16 under a Guardianship order	<input type="checkbox"/>
4.	I am acting on behalf of the data subject and have their consent	<input type="checkbox"/>
5.	I am the deceased data subject's next of kin	<input type="checkbox"/>
6.	I have a claim arising from the data subject's death and wish to access information relevant to my claim	<input type="checkbox"/>

Where option 3-6 is selected, please provide written information.

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for personal information under the terms of the General Data Protection Regulations.

Signed	
Date	

You should send this form (fully completed) and copies of the identification documents to:

Clinical Records Officer  
 North East Ambulance Service NHS Foundation Trust  
 Bernicia House  
 Goldcrest Way  
 Newburn Riverside  
 Newcastle Upon Tyne  
 NE15 8NY