



Subject Access Request Form

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

Please note that information relating to third parties will be redacted from the record before issue.

How to complete the form:

Section A

This section must be completed for all applicants. Please complete 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.

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.

Section D

This section should only be completed if section B applies.

Section E

This section must be completed for all applicants and where option 3-4 is selected, please provide documentation to evidence.

Section F

Contact details for returning completed request form.



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

Full name	
Date of birth	
Address	
Postcode	
Telephone	
<p>Identification - Please provide 1 photocopy of a document listed in the photographic ID section and 1 photocopy of a proof of address from the lists below:</p> <p><u>Photographic ID</u></p> <ul style="list-style-type: none">• Driving licence• Passport <p><u>Address ID</u></p> <ul style="list-style-type: none">• Utility bill (<i>must be dated within last 3 months and excludes mobile phone or insurance bills</i>)• Bank Statement (<i>dated within last 3 months</i>)• HRMC tax notification (<i>eg. P45, P60 issued within the past 12 months</i>)• Pension book• Benefits book• Council tax notice (<i>issued within the past 12 months</i>) <p>If you unable to provide the required ID please contact the Clinical Records Officer on: 0191 430 2193</p>	

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

Full name	
Address	
Postcode	
Telephone	
Email	
Relationship to data subject	

If you are making a request on behalf of an individual who the data relates to, please provide forms of identification for both yourself and the data subject



SECTION C: Description of information requested/shared

Please include date/time/location and any other identifying factors which will help us to search for the records.

<p>Patient Care Record This is details of treatment recorded by NEAS Operational staff that attended <i>(only available if NEAS crew attended)</i></p>	<input type="checkbox"/>
<p>Call log This document contains times of the call, vehicle allocation, incident/ destination location and notes made by the Health Advisor</p>	<input type="checkbox"/>
<p>Other <i>(please detail)</i></p>	

Please provide the following details to help us conduct our search:

Incident date or date range:

Incident time:

Incident location/locations:

SECTION D: To be completed by the data subject

I consent to the release of my information detailed within Section C of this form to the person named within section B of this form.

I need this person to act on my behalf because:

SECTION E: 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"/>



Where option 3 or 4 is selected, please provide a photocopy of written documentation to support this *ie. Power of attorney certificate*

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	

SECTION F

Please send this form and copies of the identification documents to:

Email: clinical.records@neas.nhs.uk

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

Telephone: 01914302193