

Data protection Act 1998: Subject Access Request

This form is used to confirm the identity of the data subject, and to assist in locating the personal data relating to the application. Please complete the form as fully as possible and in BLOCK LETTERS. Send this form, together with the fee of £10.00 and your identification to the address below. The fee can be paid by cheque made out to the University of London.

If you need any help please call **020 7866 1677** or email dprequests@londondeanery.ac.uk

Please send the completed form to: **Data Protection Officer
Corporate Services,
London Deanery
Stewart House,
Russell Square
LONDON WC1B 5DN.**

Q.1 Details about the applicant

Full Name:

| | | |
|---------|----------|-------|
| Surname | Forename | title |
| | | |

Previous name
(that the Deanery may know you by)

Address

.....

.....

.....

.....

.....post code.....

Email address

Date of Birth

GMC/GDC registration number
(if applicable to you)

Q2. What is your relationship to the Deanery?

| Relationship | ✓ | Year(s) |
|---|---|---------|
| Specialty Training applicant | | |
| GP Training applicant | | |
| Dental Training applicant | | |
| Current Trainee | | |
| Past Trainee | | |
| Continued Professional Development Training/Mentoring | | |
| Current/Previous employee | | |
| Job applicant | | |
| Other (please specify) | | |

Q3. Further Information – APPLICANTS FOR SPECIALTY TRAINING ONLY.

| Applicant ID | Vacancy ID | Specialty | Level | Date Applied |
|--------------|------------|-----------|-------|--------------|
| | | | | |
| | | | | |
| | | | | |

Q4. ALL APPLICANTS - Please describe the data you would like to see

(please be as specific as possible)

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Q5. Proof of identity

Please supply proof of your identity and address. (one from each column)

| Identity | ✓ | Address | ✓ |
|----------------------------|---|------------------|---|
| Copy of passport | | Utility Bill | |
| Copy of UK drivers licence | | Bank statement | |
| | | Council Tax Bill | |
| | | Other | |

(original documents will be returned)

Q6. How would you like to receive the information? (one only)

Electronically to the **email** address provided in question 1.

or by

First class mail to the **postal** address provided in question 1.

Q7. Payment

The cost for processing your request is £10:00. Please pay by cheque made payable to the **University of London.**

Q8. Declaration

I declare that the information I have provided is correct.

Signed.....Date.....

Checklist for applicant

| | |
|------------------------|---|
| Completed form | ✓ |
| Payment enclosed (£10) | |
| Proof of ID | |
| Declaration signed | |