**GLASGOW CITY COUNCIL**

**FORM 1- GUIDANCE FOR DATA SUBJECT ACCESS REQUEST FORM**

**If you wish to make a Data Subject Access Request to Glasgow City Council you should read this guidance note and then complete the enclosed form.**

When making a Subject Access Request you must:

* supply information to prove who you are (to eliminate risk of unauthorised disclosure)
* provide as much detail as possible regarding the information you wish to access (e.g. where and by whom information is believed to be held, specific details of information required).
* you are not required to state **WHY** you wish to access the information: the details we require are merely those that will aid the efficient location and retrieval of information.

You must provide one proof of identity document (e.g. current full or provisional driving licence, passport, birth certificate) **and** one recent document with proof of address (utility bill, council tax bill, bank statement, P45/P60).

This list is not exhaustive and other forms of identification may be acceptable.  At least one form of identification should contain the same signature that is on your application form or letter and one with a photograph. Please note that the Council will not be able to comply with any requests received unless satisfactory proof of identification is provided.

You can attend our Service Desk at 45 John Street, Glasgow G1 1JE between 9am and 5pm, Monday to Friday, with your original documents and we will be happy to take copies while you wait.

If you would prefer to send us copies of your documentation, please provide us with ‘**certified**’ copies. A professional person or someone well respected within your community, such as a solicitor, social worker, doctor, teacher or police officer (they must not be related to you or your partner), can certify documents by doing **all** of the following on each copy of the documents to be certified:

1. writing ‘certified to be a true copy of the original seen by me’ on the document;
2. signing and dating with their name printed underneath the signature;
3. adding in their occupation, address and telephone number.

Once the Council receives a Subject Access Request, all efforts will be made to fully comply within one month of receipt of your request. If we are unable to comply with your request within one month we will inform you and explain why the extension is necessary.

**GLASGOW CITY COUNCIL**

**FORM 1- DATA SUBJECT ACCESS REQUEST FORM**

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| Under the UK General Data Protection Regulation, you have a right to access data relevant to you. If you wish to access data about someone else then you shall require their written consent, which you must make available to us. You may be committing an offence to seek data about other individuals without their consent.  Please complete this form and return to: **Data Protection and Freedom of Information Team, Glasgow City Council, City Chambers, Glasgow, G2 1DU** | | | | | | |
|  | | | | | | |
| **Part 1 Personal Details - *we may make additional checks to verify your identity.*** | | | | | | |
| Name: | | | | | | |
| Present Address: | | | | | | |
| Telephone number: | | | | Date of Birth: | | |
| Length of time at this address: | | | | | | |
| If less than two years, please provide previous address: | | | | | | |
| **Part 2 The Data you wish to Access** | | | | | | |
| Please give us details of all the personal data you would like to access in the box provided below.  It would help if you could tell us which part of the Council (department/ service area) holds information about you. **We ask that you be as specific as possible**.  Please provide all relevant details of the personal data you wish to access: | | | | | | |
| Which Department/Service might hold the data you are searching for (if known):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you know which records/ forms your data may be held in (if known):  ­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any additional information which may help the data protection officer find your personal data:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please provide details of any reference numbers that will assist us to locate the information you require.  Reference number(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **How we process you personal data**  Under the UK GDPR, you are also entitled to receive information about how the Council processes your personal data, including:   * The purpose of processing? * The legal basis for processing your data? * Who this data has been shared with? * The categories of personal data concerned? (name, address, DOB, gender, national insurance number, telephone number) * The period for which your data will be stored?   Please indicate below if you would like to receive this information (delete as appropriate):  **Yes, I would like to receive this information**  **No, I would not like to receive this information** | | | | | | |
| **Part 3 Declaration** | | | | | | |
| Declaration:  I request access to the personal data indicated above and have enclosed the required 2 proofs of identification.  I confirm that I am the Data Subject and am not acting on behalf of someone else. | | | | | | |
|  | Signed: | | | Date |  | |
| This section to be completed by persons other than the Data Subject, and acting on behalf of the Data Subject: | | | | | | |
| Declaration:  I confirm that I am acting on behalf of the data subject and have submitted proof of my identity and authority to receive this data: | | | | | | |
| Name: | | | | | | |
| Present Address: | | | | | | |
|  | Signed: | | Date | | |  |
|  | | | | | | |
| OFFICE USE ONLY:  ACCESS REQUEST AUTHORISED: YES / NO  SIGNED:  DATE: | | REASON IF REFUSED: | | | | |