

Data Request Form

This form is for any person who wishes Age UK Blackburn with Darwen to rectify any information held about them; Stop Processing them; erase data held about them; transfer data held about them to another party.

Data Request Guidance - Please read before filling in the Data Request Form

Which sections should I complete?

Sections 1, 2, 3, 4 and 5 should be completed for all applications.

Sections 6, and 7 (**Representative Details and Authority to Release Information to a Representative**) should only be completed if the application is being made by a representative (i.e. someone other than the data subject themselves).

What information will help with the processing of my request?

Identification of relevant records will be easier if you can provide any references/correspondence issued by Age UK Blackburn with Darwen.

How long will it take to complete my request?

Once we have verified your identity and are satisfied that you meet the criteria for stopping processing of your data under current Data Protection regulations, you will receive a response within 30 days from that date to advise of what action has been taken

Records may be held in several different locations in paper and electronic formats.

General Notes

We will not acknowledge your request in writing but we will respond to you within 30 days to confirm what actions have been taken

Checklist

- Have you completed all relevant sections of the form?
- If you are submitting the form yourself, have you signed the declaration in Section 5?
- If you are a representative, has your client signed the authority in Section 8 or provided a separate signed note of authority?
- Have you provided as much information as possible to enable us to find the data you require?

Please send your completed form to:

Disclosure of Information
Age UK Blackburn with Darwen
4 King Street, Blackburn, BB2 2DH

Tel: 01254 266620
Email: data@ageukbwd.org.uk

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Section 1 - Please select one of the options below

- I want to rectify incorrect information held about me
- Please 'Stop Processing Me' (restricts the processing of data held about me)
- Please 'Forget Me/Erase Me' (the right to have data held about me deleted)
- I want to transfer data held about me to another party (known as 'portability')

Section 2 – Applicant Details

Title (please tick one):	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Title (please state):
Forename(s):					
Surname:					
Other name(s) known by:					
Date of Birth (dd/mm/yyyy):/...../.....			Male <input type="checkbox"/>	or Female <input type="checkbox"/>

Section 3 – Applicant Details

Current Address:	
Postcode	
Daytime Telephone No:	
Email Address:	
Previous Address:	
Postcode:	

Section 4 – Details of the request

Please use this space to give us any details about what you would like the organisation to do relating to your request as chosen at section 1

Section 5 – Declaration

The information which I have supplied in this application is correct, and I am the person to whom it relates or a representative acting on his/her behalf. I understand that Age UK Blackburn with Darwen may need to obtain further information from me/my representative in order to comply with this request.

Signature of Applicant:	Date:
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Section 6 – Representative Details

(If completed, Age UK Blackburn with Darwen will respond to the address you provide in this section)

Name of Representative:				
Relationship to data subject:				
Address & Postcode:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td></tr> </table>			
Daytime Telephone No:				
Email Address:				

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Section 7 – Authority to release information to a Representative

A representative needs to obtain authority from the applicant before any action can be taken regarding personal data. The representative should obtain the applicant's signature below, or provide a separate note of authority.

This must be an original signature, not a photocopy (tip: using blue ink often helps verification).

I hereby give my authority for the representative named in Section 6 of this form to make a Data Request on my behalf under current Data Protection regulations.	
Signature of Applicant:	Date:
Signature of Representative:	Date:

Last reviewed May 2023

Next review May 2025

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