



THE BOSWELLS SCHOOL

APPLICATION TO RECEIVE PERSONAL INFORMATION

Please complete in **BLOCK CAPITALS** if handwritten

Section 1 – The Request		
I am the person the information is about	<input type="checkbox"/>	if yes, please tick and then complete Sections: 3, 4, 5 and 6
OR		
I am acting on behalf of someone else	<input type="checkbox"/>	if yes, please tick and then complete Sections: 2, 3, 4, 5 and 6

Section 2 – The Information requested is about someone else			
I am the child's parent	<input type="checkbox"/>		I enclose proof of parental responsibility
The child is over the age of 12	<input type="checkbox"/>		I enclose consent to share from the child
OR			
I am the personal representative for a deceased person	<input type="checkbox"/>		I enclose evidence of this
I am requesting the information on behalf of someone else	<input type="checkbox"/>		I enclose a consent to share form
If you are requesting information on behalf of someone else, please give YOUR details below:			
Full Name:		Relationship to data subject:	
Contact Number:		Email Address:	
Postal Address:			

Section 3 – Who is the Person that the information relates to? (The 'Data Subject')					
Title:		First Name:		Surname:	
		Maiden Name:		Other Names:	
Date of Birth:		Contact Number:		Email Address:	
Postal Address:					

Category 1: Proof of Address		Category 2: Photographic Proof of Identification	
Bank Statement	<input type="checkbox"/>	Passport	<input type="checkbox"/>
Utility Bill	<input type="checkbox"/>	Driving Licence	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
If other please state what equivalent is being supplied:		If other please state what equivalent is being supplied:	

Section 4 – Details of the information being requested
Please help us deal with your request quickly and efficiently by giving as much detail as possible about the information you want and the service(s) you have received.

Section 5 – Access to the Information
How would you prefer to receive your information?
If you have any special needs when viewing information please state here

Section 6 – Declaration								
I certify the information provided on this form is true. I understand you are not obliged to comply with my request unless they are supplied with such information as they may reasonably require in order to satisfy themselves as to:								
<ul style="list-style-type: none"> • my identity and • to locate the information which I seek. 								
<table border="1"> <tr> <td>Name</td> <td></td> <td>Date</td> <td></td> </tr> <tr> <td>Signature</td> <td></td> <td></td> <td></td> </tr> </table>	Name		Date		Signature			
Name		Date						
Signature								
Warning – a person who unlawfully obtains, or attempts to obtain, personal information is guilty of a criminal offence and is liable to prosecution.								

Once the Form is Complete:				
<table border="1"> <tr> <td>Send this completed form to:</td> <td> Mr S Mansell The Boswells School Burnham Road Chelmsford Essex CM1 6LY </td> </tr> </table>	Send this completed form to:	Mr S Mansell The Boswells School Burnham Road Chelmsford Essex CM1 6LY		
Send this completed form to:	Mr S Mansell The Boswells School Burnham Road Chelmsford Essex CM1 6LY			
For queries, please contact:				
<table border="1"> <tr> <td>Telephone:</td> <td>01245 264451</td> </tr> <tr> <td>Email:</td> <td>sma@boswells-school.com</td> </tr> </table>	Telephone:	01245 264451	Email:	sma@boswells-school.com
Telephone:	01245 264451			
Email:	sma@boswells-school.com			
Data Protection: The information included on this form will be used for the purpose of handling your subject access request and will not be kept longer than is necessary to do so.				
Please Note: If your Subject Access Request relates to a deceased person's personal information, you are advised to contact us in order that we can advise you of the process for requesting this type of information.				