DATA PROTECTION ACT 2018
SUBJECT ACCESS REQUEST FORM FOR CLOSED CIRCUIT TELEVISION (CCTV)

PLEASE USE BLOCK CAPITALS TO COMPLETE FORM

The General Data Protection Regulation 2016 and the Data Protection Act 2018 sets rules for processing personal information and allows you to find out what information about you is held. This includes images that are captured and recorded on CCTV. This is known as the right of subject access.

To enable the Essex Partnership University NHS Foundation Trust (the “Trust”) to deal promptly with your request for access, please complete the form, giving as much information as possible to help us identify your personal information.

Under the terms of the Data Protection legislation, the Trust has 1 calendar month to comply with a Subject Access Request. The processing commences when your completed form is received by the Trust’s Legal Dept., although the processing may be delayed if you have provided insufficient details.

The information requested below is to help the Trust (a) satisfy itself as to your identity, and (b) find any data about you.

1. Data subject details
   
   Title (Please tick)  Mr.  Mrs.  Miss  Ms
   
   Other (please specify, e.g. Dr. Rev.)
   
   Surname / Family Name
   
   First name(s)
   
   Date of Birth
   
   Current Home Address
   
   Post Code  Telephone Number
   
   Email Address

2. Data Subject.
   
   Are you the Data Subject?  Yes / No
   (the person to whom the personal data relates)
   
   (If Yes Please proceed to Question 4)
3. **Agent of the data subject.**

ARE YOU THE AGENT OF THE DATA SUBJECT WITH WRITTEN AUTHORITY?

YES/NO (please delete)

If “YES” please attach a copy of the authority to act on the data subject’s behalf and enter the details required for the data subject in Question 4.

If “NO” please answer the following:

(i) What is your relationship to the data subject? ______________________________

(ii) Can you provide conformation of your entitlement to act on the data subject’s behalf? YES/NO (please delete) * please ensure that the data subject’s signed consent is attached to your request.

4. **To be completed by all applicants**

In order for Essex Partnership University NHS Foundation Trust to locate the required information, all applicants must give a full and accurate description of the times, date and location of their presence on the CCTV system. If incomplete or inaccurate information is provided, the Trust may be entitled to refuse the Subject Access Request.

(i) Location (please be as accurate as possible):

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(ii) Date and time at specified location (please specify within a 30 minute time band)

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(iii) Description and colour of clothing worn.

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(iv) Is this linked to a specific incident? Yes / No (please delete).

(v) Place incident occurred?

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(vi) Brief details of incident?

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5. **Proof of identity**

To establish your identity your application must be accompanied by **TWO** official documents that between them clearly show your name, date of birth and current address. For example birth certificate, driving licence, medical card, passport. We will make copies of any documents accompanying your application.

In order to identify the Data Subject we also require a **recent**, full-face photograph. On the back of the photograph please print the following and then sign the declaration: “**I certify that this is a true, recent likeness of myself** (signature)”

6. **Supply of Information**

You have a right, subject to certain exceptions, to receive a copy of the CCTV images in a permanent form. However, viewing CCTV images at Trust premises will often be easier and quicker.

It should be noted that any CCTV images received **must not** be broadcast, replayed, copied or sold without the express permission of Essex Partnership University NHS Foundation Trust.

Please note: No CCTV images will be released if it is the subject of a police enquiry.

**Do you wish to:**

(i) Only view the images **YES/NO** (please delete)

(ii) View and receive a permanent copy **YES/NO** (please delete)

7. **Declaration.**

7.1 Data subject declaration.

In exercise of the right granted to me under the provisions of the General Data Protection Regulation 2016 and the Data Protection Act 2018 I request that you provide me with the information requested as indicated above.

I confirm that I am the ‘Data Subject’ as specified under the General Data Protection Regulation 2016 and not someone acting on their behalf.

I understand that it may be necessary for Essex Partnership University NHS Foundation Trust to obtain more detailed information in order to be satisfied as to my/the data subject’s identify or locate my/the data subject’s personal data.

Signed-------------------------------------------------- Dated--------------------------------------------------

Please note: A person who impersonates or attempts to impersonate another may be guilty of an offence.
7. Declaration

7.2 Declaration by person(s) acting on behalf of the data subject.

I confirm that the information supplied in this application is correct and I am acting on behalf of the data subject and enclose proof of my authority to do so.

I understand that it may be necessary for Essex Partnership University NHS Foundation Trust to obtain more detailed information in order to be satisfied as to my/the data subject’s identify or locate my/the data subject’s personal data.

Name / Company

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Address

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Post code

Telephone No. 

Fax No.

Email Address

Signed

Dated

Please note: a person who impersonates or attempts to impersonate another may be guilty of an offence.

8. What to do next.

Check box: Before returning this application form, please check:

1. Have you completed all relevant sections in this form?
2. Have you enclosed TWO identification documents?
3. Have you enclosed a recent photograph signed on the reverse?
4. Have you signed and dated the declaration?
5. Have you enclosed proof of authority to act on behalf of the data subject, if applicable?

9. When you have completed and checked this form, take or send it together with the required identification (TWO identification documents plus a recent photograph) to:

Legal Services Manager
Essex Partnership University NHS Foundation Trust
Legal Department
3rd Floor, The Lodge
Lodge Approach
Runwell
Wickford
Essex
SS11 7XX

If you have any queries regarding this form, or your application, please contact the Legal Team on 01268 407753/407724.
Please complete ALL of this section, making reference to the above check box.

1) Date Stamp application received.

2) Application checked and legible.

3) 

4) Received letter sent

5) Identification Documents checked and copies attached

6) Details of TWO documents 
   (i) 
   (ii) 

7) Photograph attached Yes / No (please date)

8) View tape Only Yes / No (please date)

9) Date / Time / Location

10) Confirmation letter sent Yes / No (please date).

Signed ________________________________ Date ________________________________
(On behalf of the Trust’s Data Protection Officer Essex Partnership University NHS Foundation Trust).