Shape

Description automatically generated with medium confidence

**Subject Access Request Form**

UK General Data Protection Regulation (UK GDPR) & Data Protection Act 2018

In order to comply with your request for information the Central Region Schools Trust and its’ schools must be satisfied with the identity of the enquirer. We may need to ask you to provide proof of your identity.

The Trust and its’ schools will comply with the Subject Access Request (SAR) within one month once it is satisfied with the identity of the enquirer and has received any further information requested. The deadline may be extended by a further two months if the request is complex and numerous. If the request is going to take longer than one month the Trust will let the enquirer know it needs more time and why.

The Trust will not charge a fee for a SAR but a reasonable fee for administrative costs may be charged for additional copies and if the request is `manifestly unfounded or excessive’.

Completed forms should be posted or emailed to the relevant school office or the Trust’s office (address: Central Region Schools Trust, B.06 Assay Studios, 141-143 Newhall Street, Birmingham. B3 1SF/email: info@crst.org.uk)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Details of person requesting the information** | | | | | | | | |
| Title (Mr, Mrs, Miss, etc.) | |  | | | Date of Birth |  | | |
| Surname/Family Name | |  | | | | | | |
| First Name | |  | | | | | | |
| Maiden/Former Surname | |  | | | | | | |
| Relationship with the School/Academy/Trust | | Pupil | Parent | | Employee | Governor | | Volunteer |
| Other (please specify) | | |  | | | |
| **Home** Address | |  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | Post Code | | |  | |
| Telephone number |  | | Mobile number | | |  | | |
| E-mail address |  | | | | | | | |
| Are you the Data Subject? | | | Yes | |  | No | |  |
| A Data Subject is the person whose personal data is being collected, held or processed. | | | | | | | | |
| If you are not the Data Subject you will need to provide a copy of your authority to act on the Data Subject’s behalf and details your relationship with the Data Subject. | | | | | | | | |
| Relationship with Data Subject | |  | | | | | | |

If you are not the Data Subject please complete Section 2 of the form.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Details of Data Subject (if different to person requesting the information)** | | | | | | | |
| Title (Mr, Mrs, Miss, etc.) | |  | | | Date of Birth |  | |
| Surname/Family Name | |  | | | | | |
| First Name | |  | | | | | |
| Maiden/Former Surname | |  | | | | | |
| **Home** Address | |  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | Post Code | | |  |
| Telephone number |  | | Mobile number | | |  | |
| E-mail address |  | | | | | | |

|  |
| --- |
| **3. Detail of information requested -** |
| Please use the space below to provide further details to help us locate the information you are requesting. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. Declaration – To be signed by applicant** | | | |
| I declare that the information given in this form is correct to the best of my knowledge and that - | | | |
| * I am the Data Subject * I am acting on behalf of the person named * I have parental responsibility for the person named   (\* delete as appropriate) | | | |
| **Signature** |  | **Date** |  |