

**General Data Protection Regulations (GDPR)**  
**Subject Access Request for Personal Information**

This form is to be used when an individual (The Data Subject) wants to get a copy of their personal data held by Penderels Trust. There is currently no fee payable for this service, but please follow the instructions below to avoid any unnecessary delays.

To enable Penderels Trust to process your request, you will need to:

- Complete this form, giving us as much detail as possible
- Provide proof of your identity or if acting on behalf of someone else: and
- Proof of the identity and written consent (or other evidence e.g. Lasting Power of Attorney) of the person upon whose behalf you are acting.

Failure to provide as much detail as possible and/or to provide proof of identity will cause delays in processing your request. Your completed form, proof of identity and written consent (where applicable) should be forwarded to:

Penderels Trust  
Resource House  
1A Brandon Lane  
Coventry  
CV3 3GU

**DECLARATION**

[To be completed by all applicants]. Please note that any attempt to mislead Penderels Trust may result in prosecution.

I, (insert name) \_\_\_\_\_ certify that the information given on this application form and any attachments therein to Penderels Trust is accurate and true.

I understand that it is necessary for Penderels Trust to confirm my identity and it may be necessary to obtain more detailed information in order to locate and correct information.

Signature .....

Date .....

**Note:** The period of 40 days in which Penderels Trust must respond to the request, will not commence until it is satisfied upon these matters.

**Section 1 :Personal Details of Requester**

1.	<b>Your name</b>			
2.	<b>Your present Address</b>			
3.	<b>Post Code</b>			
4.	<b>Contact Telephone No. Email address:</b>			
5.	<b>Your previous known Names (if applicable)</b>			
6.	<b>Your previous Address(es) (if applicable)</b>			
7.	<b>Your Date of Birth:</b>			
8.	<b>Proof of Identity Supplied: e.g. Driving licence, passport etc.</b>			
9.	<b>Your Gender</b>	<b>Male:</b>	<b>Female:</b>	
10.	<b>Your other Family Members (e.g. your parents, siblings)</b>			
	<b>Surname</b>	<b>First Name(s)</b>	<b>Date of Birth*</b>	<b>Relationship</b>

\*If deceased, please indicate and supply proof of death.

**Section 2 : Only to be Completed if Acting on Behalf of the Requester**

11.	<b>Name</b>			
12.	<b>Address</b>			
13.	<b>Post Code</b>			
14.	<b>Contact Telephone No. Email address:</b>			
15.	<b>What is your relationship with the Requester, which leads you to making this request?</b>			
16.	<b>Evidence to act on behalf of the Requester.</b>			

**Section 3: Information Required (To be completed by all applicants)**

In order to deliver services, Penderels Trust deals with a vast amount of information. So that we can find and retrieve the information you are seeking, please provide as much information as possible to assist us in narrowing down the search.

Please tell us in your own words what information you require. It would be helpful if you included details of which department(s) (if known); any reference numbers (eg payroll or client numbers); specific date ranges (eg between the age of 0-5); or reasons why you believe Penderels Trust has your personal information on its files. Please continue on a separate sheet of paper if necessary.

16.	

17.	<b>Date you made a similar or identical request (if applicable):</b>	
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**Section 5 : Format & Delivery of Information (Tick relevant boxes to indicate preferences)**

18.	<b>Email</b> (electronic files)	<b>Printed</b> (paper files)	
20.	<b>Collection</b>	<b>Post</b>	<b>Counselled Disclosure*</b>

*\*Meet with an officer to review the information. This gives the opportunity to ask questions and where appropriate, receive support.*

**GDPR:** The personal data you provide will be used for processing your subject access request and for monitoring and statistical purposes. It may be necessary for Penderels Trust to share your information with other agencies (e.g.: Local Council, NHS) which have provided information about you to us, in order to complete your request.

**Please return this completed form, along with all other required information, to the address shown above.**

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For office use only:

Date Received: \_\_\_\_\_

Reference Number: \_\_\_\_\_