**Subject Access Request (SARs) by a third party**

**If you’d like someone you trust to be able to ask for personal information and receive a copy of it, you need to complete this form to give them written consent and send us a copy.**

You don’t need to use this form if you‘ve given the person enduring power of attorney. Simply, email us on data.protection@mhs.org.uk and we’ll tell you what you need to do.

You should only give consent for someone else to act on your behalf in exceptional circumstances and to someone you trust.

By completing this form you give consent for the person named to request and receive a copy of your SAR which may include personal and sensitive information about you.

If you want to go ahead, please complete the form below and send it to us. If there’s any information missing, we’ll send it back and ask you to complete it so we have everything we need.

You can email this form to data.protection@mhs.org.uk or send it to:

Data Protection Officer

mhs homes

Broadside

Leviathan Way

Chatham

Kent

ME4 4LL

**Once we’ve given you all the information requested as part of the SAR, this consent will no longer be valid. You’ll have to complete a new form for any future SARs.**

**Your name and contact information**

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Address |  |
| Postcode |  |
| Tel no. |  |
| Email |  |

**Name of the person you’re giving permission to request and receive your Subject Access Request**

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Address |  |
| Postcode |  |
| Tel no. |  |
| Email |  |

**I give permission for the above named third party to request and receive my Subject Access Request. I understand this could include personal and sensitive information about me.**

I understand that me and the third party will need ID to confirm our identity.

**Valid ID**

Please provide copies of **two** of the following acceptable IDs for yourself and the third party you are nominating.

* Current passport
* Current UK or EEA photo card driving licence
* Benefits book or letter from benefits agency
* Council tax bill
* Gas or electricity bill from the last three months

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office use:**

**Date received \_\_\_\_\_\_\_\_\_\_\_\_**

**ID verified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)**

**ID received for Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specific ID reviewed)**

**ID received for third party \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Specific ID reviewed)**

**Date SAR sent \_\_\_\_\_\_\_\_\_\_\_**