



Subject Access Request Form

Section 1: About Yourself

The information requested below is to help the Osprey Learning Trust satisfy itself of your identity and to find the personal data that you are requesting.

PLEASE USE BLOCK LETTERS

Title	
First Name	
Last name/Family Name:	
Maiden/Former Names:	
Date of Birth	
Your current home address: (to which we will reply/send the appropriate documents) A telephone number and email address would be helpful, should we have a query about your form.	Postcode: Email: Telephone Number:

Section 2: Proof of Identity

To help us establish your identity, your application must be accompanied by TWO official documents which between them show your name, date of birth and current address. Photocopies are acceptable.

For example: A birth certificate/adoption certificate, driver's license, medial card, passport or any other official document which shows your name and address.

Please note: if you are a Solicitor acting on behalf of your client, you must enclose their written authority, for the release of their information to you.

Requesting information about your child

If you are requesting information about your child, we will require evidence that you have parental responsibility for that child and are therefore legally entitled to the information. Please provide **one** of

the following: a photocopy of your child's birth or adoption certificate (naming you as a parent); a parental responsibility order issued by a court or a parental responsibility agreement.

If your child is over the age of 13, we will usually require written consent from the child, stating that they are happy for their information to be released to you.

Section 3: Information Requested

You now need to tell us what information you would like us to look for.

To ensure that we provide you with the right information, please state below **exactly** what information you want. **Please don't just ask for "everything you hold on me"**

If you would like a copy of a particular file/document, then please state this below. Additionally, if you do not want particular information then please let us know. Please also indicate the date or time period that your request relates to.

If you are requesting information about your children, please write their full name, date of birth and home address (if different from your address), in the box below.

Please write in the box exactly what information you would like to request:

Please indicate correct answer below:

I am the person who this request relates to

I am authorised to act on behalf of the person who this request relates to

Please note: if you are a Solicitor acting on behalf of your client or you are a parent asking for information about your child and they are 13 years old and over, you must enclose their written authority, for the release of their information to you.

Print your name:

Your signature:

Date:

Before returning this form, please check that you have completed ALL the sections, have enclosed copies of TWO identification documents of yourself (plus birth/adoption certificate or alternative for your child if applicable) and have signed and dated the application form.

Our DPO is Mr Scott Deeming, and he can be contacted by email at: scott.deeming@teignmouth.devon.sch.uk or by post to:

Osprey Learning Trust,
Teignmouth Community School, Mill Lane,
Teignmouth,
Devon,
TQ14 9BB.

Office Use Only

Date application was received	
Who received request?	
Application check and legible?	Yes/No
Identification documents checked?	Yes/No
What identification was provided?	
Identification documents returned?	Yes/No/Not applicable