

BPAS Data Request Guide and Application Form

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Introduction to Data Applications

For your protection and security of the data, the BPAS will need to confirm you are the person whom the data is about, requiring proof of your identity prior to processing the request.

If you are acting on behalf of someone else, the BPAS will need proof of this as well as proof of your identity. We may need to contact the data subject to confirm that they have authorised you to act on their behalf.

Proof of identity - we accept any two of the following; one must be photographic identification for the purpose of progressing the request.

DO NOT post original documents, we will accept scanned & copied documentation.

- Birth certificate
- Building society account book
- Current photocard driving licence & paper license - (full or provisional)
- Identity card – civil service, armed forces, police
- National health card
- Any official letter from Revenues & Customs
- Valid Passport
- Pension book
- Rent book
- Recent utility bill (within the last two months)

Please send completed application forms to:

The Data Protection Officer
BPAS Head Office
20 Timothys Bridge Road
Stratford Enterprise Park
Stratford-Upon-Avon
Warwickshire
CV37 9BF

Data Request Guide

Data Subject Access Request

The Data Protection Act 2018 gives you the right to ask the BPAS for a copy of the personal information that we hold about you for the purposes of providing services to you.

You are also entitled to additional information including;

- The identity and contact details of the controller and data protection officer
- The purposes of the processing and the legal basis
- Your additional rights in respect of the data
- Your right to complain
- The categories of personal information
- Who your data has been and will be shared with
- Data source - where the data has not been collected directly from the data subject

Right to rectification application request

The Data Protection Act 2018 gives you the right to have inaccurate and incomplete personal data held about you rectified, known as 'data rectification'. You can provide a supplementary statement detailing what information requires rectification, for example, misspellings and incorrect or out of date personal data.

Right to data portability application request

The Data Protection Act 2018 gives you the right to request for you to use your personal data across different services. This is known as the 'right to data portability'.

Please note that you are only able to request for your personal information to be transferred if the information:

- is processed for a contract
- is processed is based on your consent
- is processed automatically
- was provided to the BPAS by you

If you would like to object to the BPAS processing personal data held about you please complete the application to tell us about you and the data object to being processed.

Please note the BPAS may not be able to process your request if the request is subject to a legal obligation compliancy. In the event of this, we will contact you.

Right to erasure application request

The Data Protection Act 2018 gives you the right to have your data erased, for example:-

- data that is no longer necessary, and unrelated to the original purpose it was collected for
- is of no legitimate interest to continue processing the data
- the data is being used for direct marketing, without your consent, you can object to the processing of the data
- withdrawing consent where data was collected for lawful basis purposes and you no longer
- give consent

If you would like to request for the personal data that the BPAS holds about you to be erased, please complete the questions below to tell us about you and the data you would like to be erased.

Please note, if you are a patient that has been assessed or treated by BPAS, we will be unable to comply with a request to erase your health record. As a healthcare provider BPAS are subject to certain legal obligations and are to retain health records for set periods of time. For more information regarding our retention periods please refer to our [retention schedule](#).

Rights in relation to automated decision making and profiling

Under the Data Protection Act 2018 you have to challenge a decision that affects you that has been made automatically without human intervention, for example an online form with an instant decision.

Data Request Application Form

Type of Data Request

(Please put 'X' in the relevant box)

- Data Subject Access Request
- Right to rectification
- Right to data portability
- Right to object or restrict processing
- Right to erasure
- Rights in relation to automated decision making and profiling

Section 1: Details of the data subject

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/> (Please put 'X' in the relevant box)			
First Name:		Middle initial:	
Surname:			
Current address:			
	Postcode:		
When did you live at this address?	From: MM / YY	to: MM / YY	
Email address:			
Telephone number(s):			
Date of birth (if Known):	DD / MM / YY		
Approximate age if Date of Birth not known:			
Other names the data subject might be known as:			

Section 2: Previous address details

If current address is less than two years, provide previous address(s) for last two years

1. Previous address			
	Postcode:		
When did you live at this address?	From: MM / YY	to: MM / YY	
2. Previous address			
	Postcode:		
When did you live at this address?	From: MM / YY	to: MM / YY	

Section 3: About the data request

Whose records do you wish to see?	<input type="checkbox"/> My own <input type="checkbox"/> Other (Please put 'X' in the relevant box)
If other, what is their relationship to you?	

Section 4: Details of the agent (if you are requesting on behalf of someone else)

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/> (Please put 'X' in the relevant box)			
First Name:		Middle initial:	
Surname:			
Current address:			
Postcode:			
When did you live at this address?	From: MM / YY	to: MM / YY	
Email address:			
Telephone number(s):			

Section 5: BPAS services holding data

Please tell us which service of the BPAS you believe holds personal information about you that your request is in relation to.

Please specify:	
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<p>Please provide details here if you are referring to a specific document:</p> <p><i>For example: Discharge letter dated 31.03.2018</i></p>	
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Section 6: Information about the request

The BPAS may hold data about you over a period of time. Please tell us the time period your request is in relation to,

From: MM / YY	to: MM / YY
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Please provide us with any additional information that will assist with your request

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Section 7: Data portability details

Please complete this section if you are submitting a request for data portability and want the data to be transferred to another organisation.

Organisation name:			
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/>	(Please put 'X' in the relevant box)		
First Name:		Middle initial:	
Surname:			
Current address:			
Postcode:			
Email address:			
Telephone number(s):			

Section 8: Declaration as a data subject

I confirm I am the data subject.

Signed:

Date: DD / MM / YY

Section 9: Requests on behalf of children

This section is to be completed by the data subject's agent, if they are acting on behalf of their child who is aged 17 or under.

- Please confirm the data subject's age: Under 13 years old
 Between 13 and 17 years old

If you are acting on behalf of your child and they are under the age of 13, then we will require proof of parental responsibility. This can be evidenced with their full birth certificate.

If you are acting on behalf of your child and they are between 13 and 17 years old, then we require written consent from them. If consent can be provided, then Section 11 needs to be filled in by your child consenting to you acting on their behalf.

If your child is unable to give consent and is between the ages of 13 and 17, then please explain why.

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Section 10: Requests on behalf of others (legal orders)

If you are making a request on behalf of an individual who is 13 or older and is deemed not to have consent by virtue of a certified court order then we require:

- Evidence of any legal powers granted
- Confirmation of what legal powers have been granted
- If the person who has legal powers is not the person making this application: their consent for this request to be processed

Please confirm what legal powers have been granted: Deputyship
 Power of attorney
 Other

If you have selected 'other', than please inform us what legal powers you have.

Section 11: Consent to act on behalf of data subject

This is to be completed by the data subject if written consent is required to process the request for information.

I, agree / do not agree (Please select one option),
that can act on my behalf regards the information
request detailed in this application and information held about me by BPAS.

Signed:

Date: DD / MM / YY

Section 12: Data subject's agent

This section to be completed by person(s) acting on behalf of the data subject

I confirm I am acting on behalf of and have
submitted proof of my authority to do so.

Signed:

Date: DD / MM / YY

Section 13: Additional Information

Please provide us with any additional details that may assist us in identifying any information relevant to your request.