



DATA PROTECTION ACT 2018 – RIGHT OF ACCESS

SUBJECT ACCESS REQUEST FORM

This form is not mandatory however, it captures information that will assist us in processing and locating information to provide you access to the personal data held locally by Bedfordshire Police.

Your rights

You have a right to be told whether information is held about you and a right to a copy of that information within one month, unless certain exemptions apply. Your request can only be processed once you have provided satisfactory proof of your identity. Information may not have to be provided if someone else can be identified in or from the information. If you think that information might be held about you that may identify or have been provided by another person, you may want to get that person's written agreement to enable the information to be given to you, and send it with your application.

The Chief Constable's rights

The provisions of the Data Protection Act (DPA) mean that in certain circumstances some personal data will not be provided. For example, you will not be provided with personal data if releasing it to you would be likely to prejudice a criminal investigation, or affect the rights and freedoms of others. The information you provide on this form will be used for processing your request. It will be held in line with our retention schedule, which is for 2 years from disclosure or from completion of any appeal, local or ICO.

Proof of identity

Section 1 asks you to give information about yourself, which will help the Chief Constable to confirm your identity. Due to the sensitive nature of personal data held by the police a request will not be processed unless your identity can be established.

As such your application must be accompanied by **COPIES of official document/s**, which provide proof of your **name, date of birth and address**.

If you are requesting any photographs or media footage of yourself, your identity document **must** include a clear photograph of yourself to assist in identification.

If you wish for the response to be sent to your legal representative directly, please complete Section 4 of this form.

Please note you are not entitled to third party data through a subject access request. If third party information is required for legal proceedings your solicitor should handle disclosure in line with civil procedure rules, if proceedings have not commenced they would need to make a request using the legal proceedings exemption in Schedule 2, Part 1 of the DPA.

Returning this form

You can email the completed form, along with your identity document/s to:

dataprotection@bedfordshire.pnn.police.uk

Or send by post to: Information Rights Department, Bedfordshire Police HQ, Woburn Road, Kempston, Bedford, MK43 9AX.

For any other queries, please call Information Rights on 01234 842547, phone lines are open between 10am and 2pm (messages will be picked up outside these times).

Criminal records and visas

If you wish to request a copy of information held about you on the police national computer (cautions, convictions, warnings) or for the purpose of a visa application these requests need to be made to NPCC ACRO. The NPCC ACRO SAR1 form for Subject Access, as well as details on requesting a certificate for visa purposes can be found on their website <https://www.acro.police.uk/>. You can contact them for more information on **02380 479 920**.

Section 1 – About Yourself

The information requested below is to help Bedfordshire Police (a) be satisfied about your identity and (b) find the data you are requesting. Please provide all details requested. Some may not seem relevant but they are used to confirm your identity if there is someone else with a similar name to yours on our systems.

Please use BLOCK capitals

Title (<i>tick as appropriate</i>)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Other Title (e.g Dr, Rev,etc)				

Surname / Family Name			
First Names			
Maiden / Former Names			
Gender (<i>tick as appropriate</i>)	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Unspecified <input type="checkbox"/>
Date of Birth			
Place of Birth	Town		County

Current Home Address This is where the response will be sent by special delivery , which you will have to sign for or collect if you are not in. The identification provided MUST relate to this address. If you wish a reply to be sent to a different address than this you will need to provide evidence of your connection to this address and complete Section 4 at the end of this form.	
Postcode	
Telephone Number	
Email Address	

Please provide details of all previous address(es) that are linked to information you are requesting. (Continue on another piece of paper if necessary).

Previous Address 1	Previous Address 2

Section 2 - Information Required

To help us find the information that we may hold about you, please complete this section as fully as possible. If it is something specific, for example details of a reported crime or incident, quote any reference number that you may have. **Do not use this form to request a copy of criminal conviction history.**

Please provide a description of the circumstances in which you had contact with the police:			
Were you:	Person reporting an offence or incident	<input type="checkbox"/>	
	Witness to an offence or incident	<input type="checkbox"/>	
	Victim of an offence	<input type="checkbox"/>	
	Other <i>(please explain)</i>	<input type="checkbox"/>	
Date(s) and time of incident:			
Place/location incident happened:			
Details of incident:			
A description of the information you are requesting: <i>(Please continue on separate sheet if necessary)</i>			
Any other information you can provide, including reference numbers, vehicle details etc. <i>(Please continue on separate sheet if necessary)</i>			

Section 3 - Declaration (to be signed by the applicant)

The information which I have supplied in this application is correct, and I am the person to whom it relates:

Signature: _____ Date: _____

Included with form: Identity document/s Photo ID (if applicable)
PLEASE DO NOT SEND ORIGINAL DOCUMENTS

WARNING: - A person who impersonates or attempts to impersonate another may be guilty of an offence.

Delivery of your disclosure

Your request will be sent by special delivery and any discs will be encrypted to protect your personal data. You will need to sign for receipt of delivery, if you are not in a card will be left for you and you must collect your item within 18 days or it will be returned.

We are currently unable to send disclosure by email due to security and size restrictions.

Please note

If you require a disclosure for employment purposes, and you live in England, Scotland or Wales, please contact Disclosure Scotland via their website www.disclosurescotland.co.uk If you live in Northern Ireland please contact AccessNI via their website www.nidirect.gov.uk

Certain employers may attempt to exploit the subject access process by requiring individuals to obtain a copy of their criminal convictions (or evidence that there is nothing held). This practice is known as enforced subject access as covered by the Data Protection Act 2018. It is a criminal offence for a current or prospective employer or recruitment agency to require an individual to make a subject access request as a condition of employment or for the provision of goods or services. They should instead be using the existing formal criminal records check arrangements operated by the Disclosure and Barring Service, Disclosure Scotland or Access Northern Ireland.

FOR OFFICE USE ONLY			
Application Checked and Legible	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details of identity documents supplied	<input type="checkbox"/> Driving license	<input type="checkbox"/> Marriage Certificate	
	<input type="checkbox"/> Passport	<input type="checkbox"/> Utility Bill	
	<input type="checkbox"/> Medical Card	<input type="checkbox"/> Letter of Authority (if applicable)	
	<input type="checkbox"/> Birth / Adoption Certificate	<input type="checkbox"/> Other.....	
Satisfied as to identity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Reason for Rejection (if applicable)			
Officer Completing			
Name			
Signature			
Warrant Number		Date	

Section 4 – Details of solicitor/other agent & signed consent (to be completed *ONLY* if you wish for the response to be sent to a solicitor or other agent)

Agents Name	
Agents Reference Number	
Agents Address	
Postcode	
Telephone Number	
Email Address	

Form of Authority

I [print name].....

Do consent / do NOT consent (delete as appropriate) to the information requested in my Subject Access application being released to:

[agents name].....

I am aware of my rights under Article 15 of the General Data Protection Regulation/Section 45 of the DPA 2018 and what information is being shared with the above party.

SIGNED.....

DATED.....