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| Under Data Protection Law (UK GDPR and Data Protection Act 2018), you have the right to inquire of any organisation whether they hold your personal data and to see a copy of that information and the right to object, erase, rectify or cease processing or move your data.In order for us to comply with your request, please complete all sections below and return this form together with the necessary proof of identity documents, one copy of photographic ID such as a copy of the requestor’s passport or a driving licence, and proof of residency such as copy of a utility bill. We will use the information supplied by you to search our files and systems for data relating to you. A response will be provided within one month of receipt of the completed form and proof of identity. Please return to: Data Protection Officer, Torfaen County Borough Council, Civic Centre, Pontypool, NP4 6YB or email DPA@torfaen.gov.uk

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| Applicant’s Full Name: |
| Date of Birth: |
| Applicant’s Address: |
| Other Address Details: (if less than 3 years at above address) |
| Applicant’s Telephone Number: |
| Applicant’s Email Address: |
| Are you/have you been a staff member of Torfaen County Borough Council: YES/NO (If so please state departments you worked for and timeframes) |
| Identifying Reference Numbers: (eg payroll number, service user number) |
| Which Right/s are you exercising: (please 🗸 as appropriate)  |
| Subject Access Request copies of information that we hold about you |  |
| Right to Erasure to delete the data we hold about you |  |
| Right to Rectificationto rectify/correct the data that we hold about you |  |
| Right to Object to object to the processing of the data we hold about you |  |
| Right to Restrict/Stop processingto stop processing the data we hold about you |  |
| Right to Data Portabilityto move your data to another provider(in limited circumstances) |  |
| Please provide details of the personal data you are referring to: |
| Please specify date ranges to be searched: |
| Any additional details: (such as service departments. relevant dates, specific processes, contact names, references etc.) |
|  |
| Does the information requested include information relating to another person? YES/NO (If yes please state the relationship – we will contact this person for authority before releasing any of their information) |
| Please return with copies of identification, one of which should be photographic, one showing residency address |
|  | (please 🗸 as appropriate) |
| Copy of Passport  |  |
| Copy of Utility Bill |  |  |
| Copy of Birth Certificate |  |  |
| Other please specify |  |  |
| Signed: | Dated: |
| Please Print Name: |  |

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