

Office use only:  
Date Received:  
Due Date:

Date Closed:

## Application For Access To Staff Records

General Data Protection Regulations 2018

**Please complete the application form in BLOCK CAPITALS and BLACK INK.**

### The person whose record is requested – the Data Subject

Staff Number .....

Surname .....

Forename(s) .....

Date of Birth .....

Address .....

.....

Post Code .....

Telephone Number .....

### Applicant Details (if different from above)

Surname .....

Forename(s) .....

Date of Birth .....

Address .....

.....

Post Code .....

Telephone Number .....

Relationship to the Subject .....

### For Staff, Volunteers and Job Applicants

- | Access                   | Copy                     |                               |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Manager held personnel file   |
| <input type="checkbox"/> | <input type="checkbox"/> | Workforce held personnel file |
| <input type="checkbox"/> | <input type="checkbox"/> | PDR files                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Sickness records              |

- |                          |                          |                             |
|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Absence records             |
| <input type="checkbox"/> | <input type="checkbox"/> | Training records            |
| <input type="checkbox"/> | <input type="checkbox"/> | Occupational Health records |
| <input type="checkbox"/> | <input type="checkbox"/> | Job application             |
| <input type="checkbox"/> | <input type="checkbox"/> | References                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Pay roll                    |

**Other Information – please state below**

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**Declaration By Applicant** ...I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access the information referred to under the terms of the Data Protection Legislation 2018.

Please tick as appropriate

- I am the applicant and
  - I will attend the Workforce department with my Staff ID badge to collect the information
  - I enclose two proofs of identity
- I have been asked by the patient to act as their representative and they have signed below to confirm this. I enclose two proofs of identity from myself and the patient

**Signature**.....  
Applicant

**Signature**.....  
Representative