



Subject Access Request Form Accessing Employment Related Record

Please complete this form for access to Employment Related Records.

This form should be used if you wish to find out what information, if any, NHS Fife is holding or processing that relates to you.

In order to provide you with the information you are seeking, please provide as many details as possible regarding the records you are wishing to receive.

We are unable to process your request without a fully completed application form, proof of ID and relevant supporting documents.

Please fill in this application form using BLOCK CAPITALS and black ink.

If you require any assistance completing the application form, please do not hesitate to contact the Data Subject Access Request Single Point of Contact (DSAR SPOC) – <u>fife.dsarspoc@nhs.scot</u> or telephone on 01592 643 355 ext. 35194.

In accordance with Article 12 (3) of the UK General Data Protection Regulation, we are required to respond to your request within one month of receipt, however this can be extended by two further months where necessary, considering the complexity and number of the requests.

Send your completed form to:

DSAR SPOC IG&S Department Lynebank Hospital Halbeath Road Dunfermline Fife KY11 8JH

Or by email to: fife.dsarspoc@nhs.scot





Section 1 - Details of individual whose records are being requested

Please fill in this section as accurately as you can, this will help us trace the personal information you need.

Surname		Previous	
		Surname	
First Name(s)		Any other	
		alias:	
Date of Birth		Gender	
Current Address (inc. post code)			
Telephone:		Email:	
Are you a current employee?	Yes/No	If no – please specify leaving date	
Location of Work:		Department	
If your name and/or address has changed, please give details.			·
Signature:		Date:	





Section 2 – Information required

Please state all required records:

To assist us with satisfying your request in a timely manner, please be as specific as possible regarding the information you require, including dates, services, and specialities.

On/During (Month/Year if known):

Section 3 - Preferred Method of Delivery (only choose one)

Paper copies Secure Post (to address specified in Section 1 above).	
Paper Copies - Collection in person (time and collection details will be advised on completion of request - ID will be required). Address of collection also to be advised.	
Electronic File Transfer (secure email). Please specify how you wish to receive password? By telephone/by email.	

Section 4 - Proof of identification and supporting documents

To process your request, we require two forms of Identification, one photographic and one confirming your current address.

The following documents will be accepted, please do not send original documents. Any financial details should be removed.





Photographic Identification:

- Photograph page from current passport.
- Photograph section of a current driving licence.
- National entitlement card (i.e bus pass/Young Scot Card)
- Current employment work badge (NHS, Forces, National Service only)
- Passport picture signed by medical professional involved in your care.

Proof of Address (within 3 months of request)

- Utility or council tax bill
- Bank or credit card statement
- Current council/housing association rental agreement
- Other documentation showing your address may be considered. Please contact DSAR SPOC for further advice.

Section 5 – Declaration

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply under the General Data Protection Regulation for access to personal data that NHS Fife holds about me. I understand that it is necessary for NHS Fife to confirm my identity and it may be necessary to obtain more detailed information to confirm my identity and/or locate the correct information.

Signed:_____ Date:_____

Print Name: _____

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All Data Subject Access Requests are processed in accordance with:

- UK General Data Protection Act 2018 (UK GDPR)
- Data Protection Act 2018