



# PAIN SUPPORT JERSEY

## SUBJECT ACCESS REQUEST FORM

If you want us to supply you with a copy of any personal data, we hold about you, please complete this form and send it the address below. You are currently entitled to receive this information under the Data Protection (JSY) Law 2018. We will also provide you with information about any processing of your personal data that is being carried out, the retention periods which apply to your personal data, and any rights to rectification, erasure, or restriction of processing that may exist.

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting and responding to your request.

Please send your completed form and proof of identity to:

**Pain Support Jersey  
C/o Pain Management Centre  
Overdale Hospital  
Westmount Road  
St Helier  
Jersey  
JE2 3UH**

### Section 1: Details of the person requesting information

Your full name:	
Your address:	
Your telephone number:	
Your email address:	

## Section 2: Are you the data subject?

Please tick the appropriate box.

- YES:** I am the data subject. I enclose proof of my identity (see below). Please proceed to Section 4.
- NO:** I am acting on behalf of the data subject. I have enclosed the data subject's written authority and proof of the data subject's identity and my own identity (see below). Please proceed to Section 3.

To ensure we are releasing data to the right person we require you to provide us with proof of your identity and of your address. Please supply us with a photocopy or scanned image (do not send the originals) of one of both of the following:

- 1) **Proof of Identity.** We need one of the following: passport, photo driving license, national identity card, birth certificate.
- 2) **Proof of Address.** We need one of the following: utility bill, bank statement, credit card statement (no more than 3 months old); current driving license; local authority tax bill.

If we are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request.

## Section 3: Details of the data subject

Your full name:	
Your address:	
Your telephone number:	
Your email address:	

## Section 4: What information are you seeking?

Please describe the information you are seeking. Please provide any relevant details you think will help us to identify the information you require.

I am a: *(please state if you are a current or previous member / committee member. This will assist us to locate any data we hold about you)*

- Current Member                       Previous Member
- Current Committee Member    Previous Committee Member



.....  
Signature

.....  
Date

**Attachments:**

I am enclosing the following copies as proof of identity:

Proof of ID	Proof of Address (dated within the last 3 months)
<input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> National ID Card	<input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank Statement <input type="checkbox"/> Credit Card Statement <input type="checkbox"/> Tax Bill