

Ambulance Group

Subject Access Request Form

Under the Data Protection Act (DPA2018) and the General Data Protection Regulation (GDPR), you have the right to request for all or part of your personal information we hold and how we process it. To best fulfil your request, complete this form legibly with your updated details. On receipt of your completely filled request form, we will respond to you within 1 month, either with the data requested or with further queries to access the data you have requested if necessary.

The information you supply in this form and your proof of identification will only be used for the purposes of identifying the personal data you are requesting and enable us respond accordingly. The information will not be transferred outside of Ambulance Group.

Section one: Details of the person requesting the information

Full Name:	
Address:	
Phone Number:	
Email Address:	

Section two: Are you the data subject?

Please tick the appropriate box that applies to you

YES, I am the data subject. I have enclosed the required proof of my identity and address (skip to section 4)	<input type="checkbox"/>
NO, I am acting on behalf of the data subject. I have enclosed written consent from the data subject with the required proof of identity and address	<input type="checkbox"/>

Section three: Details of the data subject (if different from Section one)

Full Name:	
Address:	
Phone Number:	
Email Address:	

Section four: What information are you requesting for?

Please use the box below to describe in detail the information you are requesting, to help us process your request with upmost speed and accuracy.

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Section five: Data collection and processing

Please tick the appropriate box to guide us on any additional information you may need.

Knowledge of the reason why we are processing your personal data:	<input type="checkbox"/>
Knowledge of whom your personal data is shared with:	<input type="checkbox"/>
Knowledge of the source of your personal data:	<input type="checkbox"/>

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Section Six: Identification and proof of address

To enable us verify your identity, you are required to provide us with a proof of identity and address. This is to ensure we are releasing your data to the right person. Please provide us with a photocopy or scanned image of at least 1 each of the two categories below:

- 1) Proof of identity (e.g. passport, photo driving licence, or birth certificate)
- 2) Proof of address (e.g. utility bill, bank statement (not later than 3 months), current driving licence or most recent council tax bill)

Be informed that if we are not satisfied you are whom you claim to be, we reserve the right to refuse your request. In such instance, you will be notified with clear explanation for the refusal. You have the right to appeal this decision in line with the regulation.

Section Seven: Declaration

I _____, confirm that I have read and understood the terms of this Subject Access Request form and certify that the information given to Ambulance Group in this application is true. I understand that it is necessary for Ambulance to confirm my identity (*the data subject's identity if applying as a representative*) and it may be necessary to obtain more detailed information in order to locate the correct Personal Data I am requesting.

Sign. _____

Date _____

Please return the completed form, identification and proof of address to:

Email: info@ambulance.group _____

Correcting Information:

On receipt of the requested information, if you believe your information we hold is outdated, incorrect or processed in ways other than consented, please contact the GDPR Compliance Manager using the contact details above or call: +1 (251) 220 75 40.