

## Data Subject Access Request Form

The following information is needed to help us give a quick and accurate response to your enquiry. Please complete the information below and return the form by email to the [acbsstaff@contextualpsychology.org](mailto:acbsstaff@contextualpsychology.org)

### Your request

Title: \_\_\_\_\_

Last Name: \_\_\_\_\_

First and Middle Names: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Other name by which you have been known, if applicable:

\_\_\_\_\_

**Please provide a description of your request, and any further information which will enable us to locate your personal data.**

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### Proof of identity

The Data Protection Act requires ACBS to satisfy itself as to the identity of the person making the request. Please send a digital copy of one form of identification along with this request. If the supply of this documentation is problematic please contact us to discuss alternative proof of identity arrangements. If ACBS is unable to satisfy itself as to your identity from the documentation you send us, we will contact you as soon as possible.

### Agent Details (if applicable)

If you wish to appoint an agent (e.g. a family member, friend, etc) to act on your behalf in connection with your personal data access request please complete this section.

\_\_\_ I confirm that I wish to appoint the individual named below to act on my behalf in relation to the personal data access request which is the subject of this form.

Agents Name: \_\_\_\_\_

Agents

Address: \_\_\_\_\_

Agents Contact Phone No.: \_\_\_\_\_

Agents Email Address: \_\_\_\_\_

Relationship of agent to me: \_\_\_\_\_

**Declaration**

I am the Data Subject named in this document, and hereby request ACBS provides me with copies of my personal data as described above.

I have provided my proof of identity.

Signature: .....

Date: .....