Data Subject Access Request (DSAR) Application Form

Any application will be processed as defined below.

Times to be logged using 24hr format, dates to be logged as Day, Month, Year.

Date Form Issued

Data Controllers Email

What you need to complete this application:

The applicant should complete page two in this form. If you require more space to write, please use the next page. When done, it is in your interest to save or print your application and email this completed form to the Data Controller as soon as possible.

The Data Controller must be sure of your identity before supplying you with the information requested. Therefore, to confirm your identity, we need to see two documents, one of which must contain your photo; these will need to show your full name, date of birth, and current address. You will need to supply a current full-length photograph.

If you are not the individual in the images requesting the information, but are making a request on their behalf, please complete the Third Party DSAR Form on page five.

Acceptable documents include:

Current passport
Bank Statement
Utility bill
Medical card
Driving licence
Birth certificate

Copies are acceptable and can be sent to the Data Controllers email above.

Any documents that have been sent or left with the Data Controller can be collected by appointment, or they will be returned by post to the address given. It is recommended that you arrange to collect your documents in person, as we will not be able to accept responsibility for any documents lost in the post.

When we have received you application:

We will acknowledge receipt of your DSAR and your application....within 30 days.

Your rights:

In accordance with the GDPR, the Data Protection Act & the CCTV Code of Practice, individuals can request to see and depending on the circumstances, have a copy of any information about themselves, but ONLY about yourself.

You may only apply for a copy of information about yourself. You may not apply on behalf of anybody else, unless you hold power of attorney.

Any third party images / details (i.e. car registration numbers) will have to be masked to secure their identity. This will be at the sole discretion of the Data Controller.

CCTV recordings:

This is of the essence with this application.

CCTV recordings are usually stored for an appropriate period of time; after this time, all images will be erased or overwritten by the system to comply with the GDPR & the Data Protection Act. If the images requested have been erased or overwritten, you will be informed ASAP.

For further information about the GDPR & the CCTV Data Protection Act go to https://ico.org.uk/

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This section to be completed by the applicant

Title (tick where appropriate) Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Other title

Forename(s)

Surname / Family Name

Maiden / Former Name(s)

Sex (tick where appropriate) Male ☐ Female ☐

Date of Birth

Place of Birth

Height

Address

Phone Number

Email

Postcode

Please complete the following information to assist us in tracing any images of you held by this CCTV unit. If you are a suspect or being dealt with under the criminal justice system, you may not be entitled to a copy under the Data Protection Act but should seek legal advice.

Were you (tick where appropriate)

☐ A person reporting an offence or incident ☐ A witness to an offence or incident ☐ A victim of an offence

☐ Other - please explain

Date, time and place of incident

Details of incident or type of information sought

Description of yourself, cloths worn, vehicle type & reg (if relevant)

Indicate whether you would be willing to merely view the images rather than have a hard copy

Proof of identity To help establish your identity your application must be accompanied with two official documents, which between them clearly show your name, date of birth, address and photo (SEE ABOVE).
The information which I have supplied is correct and I am the person to whom it relates.

Applicants Signature

Date	Print Name	Signature

WARNING - A PERSON WHO IMPERSONATES OR ATTEMPTS TO IMPERSONATE ANOTHER MAY BE GUILTY OF AN OFFENCE.

Data Subject Access Request (DSAR) Application Form

Additional information from the applicant.

Data Subject Access Request (DSAR) Application Form

This section to be completed by the organisation

Date & time application received

Date	Time	Print Name

Organisation receiving application

Organisation Name

Address

Postcode

Email

Person receiving this application on behalf of the Data Controller

Title

Forename(s)

Surname

Contact Phone Number

Fax Number

Email

Application check list & processing (tick where appropriate)

- ☐ Application form checked & legible
- ☐ Identification checked & verified
- ☐ The requested recording does not contain what the applicant has asked for.
- ☐ This request can not be processed as the recording has been overwritten.
- ☐ The requested recording has been examined and we are unable to release the recording to the applicant as we believe that disclosure could prejudice criminal enquires / proceedings.
- ☐ The requested recording has been examined as detailed by the applicant, and does contain identifiable third party images, these will be sent to be masked and the edited version will be sent to the applicant within 30 days from receipt of this DSAR.
- ☐ The requested recording has been examined as detailed by the applicant, and no identifiable third party images were present. The recording has been uploaded using our DEMS to a secure portal for viewing / downloading. Link has been shared with the applicant.
- ☐ The requested recording has been examined as detailed by the applicant, and no identifiable third party images were present. The copies have been recorded and the applicants copy has been given / posted to the applicant. The MASTER copy is to be held on site in a secure manner for 12 months.

Serial No. of Master / Archive Recording.

Serial No. of Applicants / Viewing Recording.

Operators signature

Date	Print Name	Signature

Third Party Data Subject Access Request (DSAR)

Any application will be processed as defined in page one.

Times to be logged using 24hr format, dates to be logged as Day, Month, Year.

If you are acting on behalf of the Data Subject you must complete this form.
The Data Subject must sign the declaration at the bottom.

Title (tick where appropriate) Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Other title

Forename(s)

Surname

Organisation

Address

Postcode

Phone Number

Fax Number

Email

Please describe your relationship with the Data Subject that leads you to make this request for images on their behalf.

Signature

Print Name

Contact Details of the Data Subject

Title (tick where appropriate) Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Other title

Forename(s)

Surname / Family Name

Maiden / Former Name(s)

Address

Postcode

Phone Number

Email

By signing this declaration I the Data Subject give permission to the third party named above to request CCTV images relating to myself as detailed in the Data DSAR Application.

Date

Signature

Print Name

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