

Information request form

Date of reques	t		
Name		Email address	
Address			
Postcode		Telephone no.	
☐ Yes - my	or your information or data (complete <u>Sect</u> eone else's (complet		ata subject' and
		n <u>section 1</u> the sa	me as the
Section 3: A details we l Yes No	ioid about you:		

Date of birth of the data subject		
Is there anything else which could help us to find you/them? (such as rough dates you/they accessed the service and the service location)		
Section 4: What is your rela requesting information abo	tionship to the person you are ut?	
Are you applying for information with t Yes No	the consent of the person?	
If Yes, please provide any consent with check this.	n this form. We will contact the person to	
If No, please state below under what a information.	uthority you are requesting the	

For Your right to access your data is covered under Article 15 of the General Data Protection Regulation (GDPR) 2016. To process personal data one condition under Article 6 of the GDPR 2016 must be met. For personal sensitive data one condition under Article 6 and one condition under Schedule 1 of the Data Protection Act 2018 must be met unless there is an overriding exemption which can be applied, for example a court order.

Please give this form to your worker or, for closed services, email to support@wearewithyou.org.uk or post to Information Governance, We Are With You, Part Lower Ground Floor, Gate House, 1–3 St Johns Square, London, EC1M 4DH