Section 1 – Applicant Details

Title (please tick one):	Mr Mrs	Mis	s Ms	;	Other (p	olease state):		
Forename(s):						<u> </u>		
Family Name:								
Previous Family Name:								
Other name(s) known								
Date of Birth (dd/mm/yyyy):			Se	ex:	Male	Female	(please t	ick)
Nationality:								
Place of Birth:								
Current Address:								
Postcode								
Daytime Telephone No:								
Email Address:								
Previous Address:								
Postcode:								
Section 2 – Proof In order to prove the applica A and one from list B below.	nt's identity, w	e need t	to see cop	oies (of two piece	es of identification	on, one fro	om list
			·			atity oord		
Please DO NOT send an	original pas	ο ο μυτι,	uriviriy I	icei	ice or luel	inty caru		
List A (photocopy of one f	rom below)	T	List B (olus	one <u>origin</u>	<u>al</u> from below)	*	
Passport/Travel Document			Bank sta	atem	ent or Build	ing Society Boo	k	
Photo driving licence						nt home addres		
Foreign National Identity Ca	Foreign National Identity Card			Letter or other bill in the name and current address of the applicant from a third party				
Child under 16 : Full birth certificate			company / organisation (If in doubt please contact the Practice)					

Section 3 – Details of Information Required

Please use this space to give us as much detail as you can about the informexample by stating specific documents you require (use extra sheets if necessary).	nation you are requesting, for essary):
Section 4 – Declaration	
The information which I have supplied in this application is correct, and I a or a representative acting on his/her behalf. I understand that Bruntsfield obtain further information from me/my representative in order to comply with	l Medical Practice may need t
Signature of Applicant:	Date:

Section 5 – Representative Details

(If completed Bruntsfield Me	dical Practice	will reply	to the address you provi	de in this section)	
Name of Representative:					
Company Name:					
Address:					
Postcode:					
Daytime Telephone No:					
Email Address:					
Section 6 – Proof of Please provide copies of two which ones you are supplying Please DO NOT send an	pieces of ide	ntificatio	n, one from list A and one	e from list B below and	indicate
List A (photocopy of one from below)			List B (plus one origina	al from below)	
Passport/Travel Document			Bank statement or Building Society Book		
Photo driving licence			Utility bill showing currer	nt home address	
Foreign National Identity Card			Letter or other bill in the name and current address of the applicant from a third party company / organisation (If in doubt please contact the Practice)		
Section 7 – Author A representative should obtain	otain authority	from the	e applicant before persona	al data can be released	l. The
representative should obtain the applicant's signature below, or provide a separate note of authority. This must be an original signature, not a photocopy (tip: using blue ink often helps verification).				у.	
If the applicant is signing as provided.	•	•		•	be
I hereby give my authority for Access Request on my beha				his form to make a Sub	oject
Signature of Applicant:				Date:	
Signature of Representative:				Date:	

BRUNTSFIELD MEDICAL PRACTICE - SUBJECT ACCESS REQUEST FORM

Section 8 - Timescale

If you have specific reasons for requiring data by a specific date please give details below (Please note this in no way constitutes a commitment that your expectations will be met as we endeavour to turn around all applications as quickly as we can in line with the legislative requirement):

(a) Date required:
(b) Reason (please state and supply supporting evidence):