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**SUBJECT ACCESS REQUEST FORM**

This form can be used by any individual who wishes to request access to personal data held by **Calvay Housing Association.** The use of this form is **not** mandatory, but it will help usin the collection of the relevant information to progress your request. Access Requests can be made in other formats. This form is freely available for your ease of use.

Under Data Protection Laws you have the right to request copies of your personal data.If you wish to access personal data about someone else you will need to evidence their written consent, which you must make available to us.

Calvay Housing Association will not release personal data without proper authority and reserves the right to request further proof of authority or identity if necessary. Equally, we have the right to confirm that you do have the authority to act on behalf of someone else and any information we provide because of this SAR could be provided directly to the intended recipient.

Requests will be acknowledged in writing and you will be provided with a reference number for your request. Once we are satisfied your request is valid, you should receive a response within 1 calendar month from the date that we receive your request.

**Guidance Notes**

**Section 1**

Please complete the details of the data subject the details being requested about – this will either be yourself or if you are representing someone else please enter their details.

**Section 2**

Please be as specific as possible when completing Section 2 of the form. The more detail you can give, the quicker our response is likely to be. If you only require information for a specific period, please give the dates.

**Section 3**

Please indicate your preferred method of receiving the data. We will advice if it is not possible to provide the data in your requested format.

**Section 4**

Declaration – please sign and date. If you are representing someone else, please ensure you provide evidence of your authority to make the request on their behalf.

For assistance on completing the form or more information on the data we may hold on you please contact Tracy Boyle, Corporate Services Manager at [dpo@calvay.org.uk](mailto:dpo@calvay.org.uk), or alternatively by phone on 0141 771 7722.

**For more information on your rights to access personal data -** [**https://ico.org.uk/your-data-matters/your-right-of-access/**](https://ico.org.uk/your-data-matters/your-right-of-access/)

**Section 1 – Data Subject Details**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Tenant Reference |  |
| Contact Number |  |
| Address |  |
| Email address |  |
| Date of Birth |  |

We may need to contact you to clarify your request using the details provided above.

**Section 2 – the Personal data you would like access to**

|  |  |  |  |
| --- | --- | --- | --- |
| Housing Application |  | Housing Benefit |  |
| Tenant Files |  | Complaints |  |
| Rent Information |  | Other | Please note below |

|  |
| --- |
| **Other: Please enter as much detail, including any relevant date about the data you are requesting:** |

**Section 3 - how would you like the data to be provided to you?**

|  |  |
| --- | --- |
| Email |  |
| Posted |  |
| Collection from our Office |  |

**Section 4 – Declaration**

I certify that the information which I have provided within this form is true to the best of my knowledge. I understand that Calvay Housing Association may require to verify my identification and may contact me to provide them with more details in order that they may locate the information that I am seeking. I confirm that I am the data subject and I am not making this request on behalf of anyone else.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Representative Declaration (if relevant)**

I confirm that I am making this request on behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ENTER NAME and have **provided evidence of my identity and written authorisation to act on the data subject’s behalf**.

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

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

Contact Number or Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please email a copy of your completed form and copies of any required photos or identification to:**

Tracy Boyle, Corporate Services Manager

Calvay Housing Association Ltd

Calvay Centre

16 Calvay Road

Barlanark

GLASGOW

G33 4RE

**Or**

**Email:** [**dpo@calvay.org.uk**](mailto:dpo@calvay.org.uk)

|  |  |
| --- | --- |
| **Office Use Only** |  |
| Date Request Received |  |
| Verification of ID completed |  |
| SAR Reference |  |
| Data Subject |  |
| Representative (if relevant) |  |
| Due Date |  |
| Completed within 1 month |  |
| Extension / Other Notes |  |