



Information Request Form

Subject Access Request (1998 Data Protection Act)

You are entitled to see most of the information we hold about you. If you wish to obtain this information, please complete this form and either post a copy to us or bring in person to our offices at 1st Floor, CAN Mezzanine Old Street, 49-51 East Road, London, N1 6AH. **Please note you will need to provide a copy of your up to date photo ID as well as a £10 administration fee.**

Your name: _____

Your address: _____

A phone number where we can contact you (if you wish): _____

Please tick if you have ever been:

a GamCare employee

a client at our main office in Clapham Junction

a volunteer for GamCare

a client at our branch office in _____

If you have not ticked any of the above, please tell us of any reason why you think we might have information about you:

If we may have known you under a different name, please tell us here:

If we find any information about you, do you want to:

have a look at it at our office

have us send you a copy

If you are only interested in particular information, please say what that is:

I want to see the records you hold on me, and I enclose £10. _____

Date and Signature

Please note:

- If the above address does not match our records, we may have to ask you for additional identification.
- If you are not the Data Subject (the person the information is about), we will need evidence that you are authorised to act for the Subject.
- We aim to reply within three weeks, but we may take up to 40 days. If you have asked for a copy of the information, we will send it to the address you have given above.
- Information collected by GamCare which is no longer required by us may be deleted permanently or destroyed. If this has happened to your records, we will inform you when we receive you Information Request Form. The administration fee will still apply, however.
- Whilst we will show you everything we have about you, GamCare reserves the right to hold back information which is about, or which identifies, someone else.

↓ TO BE COMPLETED BY GAMCARE ↓

Date received: _____ by: _____

Records seen and approved by Director of Clinical Services?

Client ID: _____

Photo ID approved and copy taken?

Records sent on _____(date)

Records sent by _____(Name of Manager)