

## Section 1 – Applicant Details

<b>Title (please tick one):</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other (please state):
<b>Forename(s):</b>					
<b>Family Name:</b>					
<b>Previous Family Name:</b>					
<b>Other name(s) known by:</b>					
<b>Date of Birth (dd/mm/yyyy):</b>		<b>Sex:</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	(please tick)
<b>Nationality:</b>					
<b>Place of Birth:</b>					
<b>Current Address:</b>					
<b>Postcode</b>					
<b>Daytime Telephone No:</b>					
<b>Email Address:</b>					
<b>Previous Address:</b>					
<b>Postcode:</b>					

## Section 2 – Proof of the applicant's identity

In order to prove the applicant's identity, we need to see copies of two pieces of identification, one from list A and one from list B below. Please indicate which ones you are supplying.

**Please DO NOT send an original passport, driving licence or identity card**

### List A (photocopy of one from below)

### List B (plus one original from below) \*

Passport/Travel Document	<input type="checkbox"/>	Bank statement or Building Society Book	<input type="checkbox"/>
Photo driving licence	<input type="checkbox"/>	Utility bill showing current home address	<input type="checkbox"/>
Foreign National Identity Card	<input type="checkbox"/>	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)	<input type="checkbox"/>
Child under 16 : Full birth certificate	<input type="checkbox"/>		



## Section 5 – Representative Details

(If completed Bruntsfield Medical Practice will reply to the address you provide in this section)

<b>Name of Representative:</b>	
<b>Company Name:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Daytime Telephone No:</b>	
<b>Email Address:</b>	

## Section 6 – Proof of the Representative's identity

Please provide copies of two pieces of identification, one from list A and one from list B below and indicate which ones you are supplying.

**Please DO NOT send an original passport, driving licence or identity card**

**List A (photocopy of one from below)**

**List B (plus one original from below)**

Passport/Travel Document	<input type="checkbox"/>	Bank statement or Building Society Book	<input type="checkbox"/>
Photo driving licence	<input type="checkbox"/>	Utility bill showing current home address	<input type="checkbox"/>
Foreign National Identity Card	<input type="checkbox"/>	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)	<input type="checkbox"/>

## Section 7 – Authority to release information to a Representative

A representative needs to obtain authority from the applicant before personal data can be released. 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).

If the applicant is signing as the guardian of a child under 12, proof of legal guardianship must also be provided.

I hereby give my authority for the representative named in Section 5 & 6 of this form to make a Subject Access Request on my behalf under the Data Protection Act 2016.	
Signature of Applicant:	Date:
Signature of Representative:	Date:

