# Subject access form

1. **Data subject details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | Mr | Mrs | Miss | Ms | Other: |
| Surname |  | | | | |
| First name(s) |  | | | | |
| Current address |  | | | | |
| Telephone number |  | | | | |
| Home |  | | | | |
| Work |  | | | | |
| Mobile |  | | | | |
| Email address |  | | | | |
| Date of birth |  | | | | |
| Details of identification provided to confirm name of data subject |  | | | | |
| Details of data requested |  | | | | |

* 1. **Details of person requesting the information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you acting on behalf of the data subject with their [written] or other legal authority? | | | Yes  No | | |
| If ‘Yes’ please state your relationship with the data subject (e.g. parent, legal guardian or solicitor) | | |  | | |
| **Please enclose proof that you are legally authorised to obtain this information.** | | | | | |
| Title | Mr | Mrs | Miss | Ms | Other: |
| Surname |  | | | | |
| First name(s) |  | | | | |
| Current address |  | | | | |
| Telephone number |  | | | | |
| Home |  | | | | |
| Work |  | | | | |
| Mobile |  | | | | |
| Email address |  | | | | |

1. **Declaration**

I, ………………………………………………………, the undersigned and the person identified in (1) above, hereby request that BACP provide me with the data about me identified above.

Signature: Date:

SAR form completed by:

I, ………………………………………………………, the undersigned and the person identified in (1.1) above, hereby request that BACP provide me with the data about the data subject identified in (1) above.

Signature: Date:

SAR form completed by:

Please email your request to John Woolley, Head of People, Culture and Governance at [john.woolley@bacp.co.uk](mailto:john.woolley@bacp.co.uk)

Or post to John Woolley at the following address:

British Association for Counselling and Psychotherapy

15 St John’s Business Park

Lutterworth

Leciestershire

LE17 4HB