# Appendix D: Application for Access to Staff Records

(In accordance with the UK General Data Protection Regulations and Data Protection Act 2018)

**Please complete this form in BLOCK CAPITALS and in black ink, and return to the address at the back of the document.**

**Staff details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Forenames:** |  |
| **Current Address** |  |
| **Postcode:** |  |
| **Date of birth** |  | **Email** |  |
| **Tel *(home/evening)*** |  | **Tel *(work/day)*** |  |
| **NI number *(if known)*** |  | **Employee Number*****(if known)*** |  |

|  |
| --- |
| **Details of the staff information required:**  |
|  | **Yes** | **No** |
| **Do you require copies of your records?**  |  |  |
| **Do you require an electronic copy of your ESR**  |  |  |
| **Do require an appointment to view your records?**  |  |  |

**Please specify the type of records you require:**

|  |
| --- |
|  |

During which periods do you require your records?

|  |  |  |
| --- | --- | --- |
| Start date | End date | Department working at the time |
|  |  |  |
|  |  |  |
|  |  |  |

 **Other relevant information to help us identify the records:**

**Name and address to which the copied records should be sent:**

|  |
| --- |
|  |

**Declaration and authorisation:**

I declare that the information I have completed on this form is correct to the best of my knowledge and that:

(\*please delete below as appropriate :)

• \* I am the person named (NB please complete Section one below)

• \* I am acting on behalf of the person named overleaf (NB please complete section two below)

**Identification**

**We cannot process your application without proof of identity**.

Please indicate which of the following documents are enclosed.

Driving licence /Passport/Birth Certificate and proof of address e.g. utility bill

**Please do not send originals.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 1** I (insert full name in BLOCK Capitals)

|  |
| --- |
|  |

Certify that I am the person named overleaf.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 2:** (If you are acting on behalf of the person named overleaf, NB you also need to complete section one) I (insert full name in BLOCK Capitals)

|  |
| --- |
|  |

Have consent from the person named in section one to act on their behalf. **Please attach a signed document.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

 |

**Please return this completed form and any requested documentation to:**

Information Governance Department,

Old Print Building – opposite N Block,

Bolton NHS Foundation Trust,

Royal Bolton Hospital,

Minerva Road, Farnworth, Bolton, BL4 0JR,

Email: information.governance@boltonft.nhs.uk