## 13.3 Appendix 3: Access request by the public

Access request by the public

**Bolton NHS Foundation Trust** uses closed circuit television (CCTV) systems for the purposes of crime prevention, the prosecution of offenders and public safety.

The UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018 gives you the statutory right of access to the CCTV images we process about you. Please complete this form if you wish to access a CCTV image. If you require assistance please contact the Information Governance Department (details listed below)

|  |
| --- |
| **Information Governance Department****Bolton NHS Foundation Trust,** **Informatics Building, opposite N block****Royal Bolton Hospital****Minerva Road****Farnworth****Bolton****BL4 0JR****Telephone: 01204 390861****Email:** **Information.Governance@boltonft.nhs.uk** |

**Fees payable**

Under the General Data Protection Regulation the rights to access information is free of charge.

**Timescale**

We will respond to your request promptly, and in no more than 30 days. If we encounter any difficulties in locating your image(s) we will keep you informed of our progress.

|  |
| --- |
| **All CCTV footage is only kept for 30 days from the time of the recording.** |

**Submission of form**

Please return this form to the Security Manager at the following address:

Security & Transport Service Manager

Integrated Facilities Management Bolton

Facilities Management Office|

Kinlay Road

Farnworth

Bolton BL4 0JR

# Notes to assist in completion of the form

## Location

Provide details of the camera location, and the date and time of the image(s) you would like to see, as well as a general description of your appearance, clothing etc. at the time in question. If is a car you will need provide extra information, such as, brand, colour, number plates. If the incident relates to a vehicle we may require proof of ownership also. **(Please see section 6 for exact location)**

## Storage

The Trust stores images for 30 days, it should be noted any requests for images recorded more than 30 days ago will no longer be available.

## Obligations to third parties

Where information of third parties is also shown within the information/images of the person who has made the access request, the Trust has a legal obligation to consider whether to obscure this information prior to release to the applicant.

## Declaration

The person making the application must complete this section.

a) If you are the data subject- tick the first box and sign the authorisation then proceed to Section 6

b) If you are completing this application on behalf of another person, in most instances, we will require their authorisation before we can release the data to you. The data subject whose information is being requested should be asked to complete the ‘Authorisation’ section of the form. (Section 5)

c) If the data subject is a child i.e. under 16 years of age the application may be made by someone with parental responsibilities, in most cases this means a parent or guardian. If the child is capable of understanding the nature of the application his/her consent should be obtained or alternatively the child may submit an application on their own behalf. Generally children will be presumed to understand the nature of the application if aged between 12 and 16. However, all cases will be considered individually.

## Applicant

The applicant is the person who is applying on behalf of the data subject to get access to the CCTV image(s).

Because of the confidential nature of data held by Bolton NHS Foundation Trust it is essential for us to obtain proof of your identity and proof of your right to receive CCTV image(s). For this purpose it is essential that your application be supported by proof of identity:

* 1 x photo ID (e.g. passport/driving licence)
* 1 x Address ID (e.g. recent utility bill)
* and proof of right of access (e.g. letter from the court, power of attorney).

All applications under subject access provision must be made in writing to the Trust. Note email is classified as written correspondence. You are advised that the making of false or misleading statements in order to obtain access to personal information to which you are not entitled is a criminal offence.

# SECTION 1: DATA SUBJECT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Date of birth:** |  |
| **Forename:** |  | **Telephone No:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Email**  |  |

# SECTION 2: DETAILS OF DATA REQUIRED

To help us find the CCTV data you require, please complete the following section, please be as accurate as possible with times, location and identification.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | Click here to enter a date. | **Approx. time:** |  |
| **Exact location:** | (See section 6 for exact location) |
| **Details of Incident:****Enter details of incident or description of person or vehicle (number plate, colour, brand, etc.)***Please provide as much information as possible to assist us in searching footage:* |  |

# SECTION 3: DECLARATION STATEMENT

This section must be signed. I declare that the information in this form is correct to the best of my knowledge and that I am entitled to apply for access to personal data referred to above under *Please tick appropriate box*

 I am the person named

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Data Subject:** |  | **Date:** |  |

|  |  |
| --- | --- |
|  | I am the agent for the person named and I have completed the authorisation section |
|  | I am the parent/guardian of the person who is under 16 years old and have completed the authorisation section |
|  | I have been appointed by the Court to manage the affairs of the person (go to section 4). |

# SECTION 4: APPLICANT DETAILS

|  |  |
| --- | --- |
| **Applicants Name (please print)****(Only applicable if is acting on-behalf)** |  |
| **Proof of Identity (please state)** |  |
| **Proof of right of entitlement (please state)****If the incident relates to a vehicle we may require proof of ownership.** |  |
| **Signature if data subject:** |  |
| **Date:** |  |

# SECTION 5: AUTHORISATION STATEMENT (Official use only)

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Approving Officer:: |  | Date: |  |

# SECTION 6: ROYAL BOLTON HOSPITAL SITE MAP

