City Of York Council – rights of individuals request form

Please complete this form in as much detail as possible so that we can ensure we are able to comply with your request as quickly and effectively as possible.

Your Privacy

The information you provide on this application form will be used to facilitate your request. The information will only be disclosed to individuals in the Council who require it to complete your request.

For more information about how we use your personal data please see our Privacy Notice.

Part One – About You								
Your First Name								
Your Last Name								
Any other names you are known by:								
Any Previous Names								
Your Current Address								
Any previous address(es)								
Date of Birth	D	D	M	M	Y	Y	Y	Y
Your Email Address (Optional)								
Your Phone Number (Optional)								

Part Two – Other Persons		
Are you making this request for another person's information? (*Please circle)*	YES – please fill in rest of Part Two	NO – please go to Part Three
Other person's first name		
Other person's last name		
Any previous names		
Any other names the other person is known by		

Their Address (*If different from above)*								
Any previous address(es) *(If different from above)*								
Their Date of Birth:	D	D	M	M	Y	Y	Y	Y
Your relationship to the other person (*Please Circle)*	Parent		Friend		Solicitor / Agent			
	Other (Please State):							
Does the other person know that you are making this request?								
Your Phone Number (Optional)								

Part Three: Which Council service(s) are relevant to your request(s) *(This so we can easily find your information. Please tick all that apply)*		
Council tax		
Benefits		
Adults social care		
Children's social care		
Education		
Planning		
Human Resources		
Housing / Homeless		
Legal		
Other *(Please state):*		
Name of current/previous worker(s) or team(s) if known		
Are you a current City of York Council (CYC) employee	YES	NO

Part Four: Your Application		
What Data protection Right would you like to exercise? (*Please tick)*	Right of Access - Subject Access Request (SAR)	
	Right of Erasure/ to be forgotten	
	Right of rectification	

	Other (Please State):
What is your request? (*Please be as detailed as possible so that we can understand your request. If you need more space, please use a separate sheet)*	
Part Five: Preferences	
How would you prefer the information to be supplied to you?	Paper Copies / Electronic Copies
Any other requirements? *(Please state)*	

Part Six: Your Signature								
Signature:								
Date of Request:	D	D	M	M	Y	Y	Y	Y

Please return this application form and copies of your ID, if needed, to:
Email: information.governance@york.gov.uk Post: Information Governance Team City Of York Council West Offices Station Rise York YO1 6GA