

Data Subject Rights Request Form

This document should be used for any rights requests.

Please note: A reasonable fee *may apply* for some requests. Please see our Rights Request process for further details.

1. Personal Details – Data Subject

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)
Surname					
First Name(s)					
Current address					
Phone number	Home:				
	Work:				
	Mobile:				
Email address			Date of birth		
Form of ID A form of ID from each column needs to be provided.	ID 1		ID 2		
	<input type="checkbox"/> Passport		<input type="checkbox"/> Utility Bill		
	<input type="checkbox"/> Driving Licence		<input type="checkbox"/> Bank Statement		
	<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Rent book (last 3 months)		
			<input type="checkbox"/> Current vehicle registration (v5c)		
Type of request Select one or more of the requests. Please note: If this is a request to erase data, it must be the only ticked box on this form.	<input type="checkbox"/> Rectification of Data				
	<input type="checkbox"/> Erasure / Right to be forgotten				
	<input type="checkbox"/> Restrict processing of Data				
	<input type="checkbox"/> Objection to processing				
	<input type="checkbox"/> Data portability				
	<input type="checkbox"/> Data subject access request				

2. Request details

Please state what the data you are requesting refers to. Please give as much information as possible, for example, how you provided the data, where it was submitted and the reason for giving us this information.

Please state the reason for your request

3. Personal Details – Data requester

Are you acting on behalf of the data subject with their written or other legal authority?	<input type="checkbox"/> Yes (Please give details below)	<input type="checkbox"/> No			
	<i>Example – letter of authority, letters or official forms addressed to you on behalf of the data subject or power of attorney.</i>				
Please give details of your relationship with the data subject					
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)
Surname					
First Name(s)					
Current address					
Phone number	Home:				
	Work:				
	Mobile:				
Email address				Date of birth	

Additional information

4. Declaration

Declaration – request made by the data subject

I,, the undersigned and the person identified in section 1 of this form, hereby request that **FRONTLINE THERAPISTS LIMITED** process my request.

Signature:

Date:

Declaration – request NOT made by the data subject

I,, the undersigned and the person identified in section 3 of this form, hereby request that **FRONTLINE THERAPISTS LIMITED** process the request for the data subject identified in section 1 of this form.

Signature:

Date:

This form, the required proof of identification and authority should be sent securely to:

FAO: Data Protection Manager (DPM)

FRONTLINE THERAPISTS LIMITED, 63-66 Hatton Gardens, Fifth Floor, Suite 23, London, England, EC1N

Alternatively, you can email this form and required paperwork to privacy@frontline19.com

On receipt of your form and documents, we will acknowledge the request by return and fulfil the request under the requirements of Data Protection Legislation. As we will need original documents to confirm your ID, we would recommend that you send them through a secure postal method. We will return them securely and will not keep copies once we have validated your information.
We will need to retain your request for a period of 12 months.