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#  Data Protection (Jersey) Law2018

#  SUBJECT ACCESS APPLICATION

Your Right of Access

Subject to certain exemptions, you have a right to be told whether State of Jersey Police holds any information about you (your ‘personal data’) and a right to be provided with a copy of that personal data without undue delay.

If you wish to exercise those rights it will help if you complete this form carefully and follow the instructions regarding proof of identity. It can then be returned to States of Jersey Police.

Legislation dictates that in certain circumstances State of Jersey Police may not provide you with some personal data. For example, we will not provide personal data if we feel releasing it would be likely to prejudice policing purposes and we may not provide you with information that identifies other individuals

**Advice and assistance:** Should you require advice and guidance in completing the application or in respect of appropriate identity documents, please contact SOJP by telephone or via email:

 **01534 612612 dataprotection@jersey.police.je**

Proof of identity:

States of Jersey Police needs to be satisfied that you are who you say you are.

Please provide evidence of your identity and address by supplying copy of a proof of address and copy of the ID document, which between them provide sufficient information to prove your name, date of birth, current address and signature.

**Returning this form:**

The completed form, with the appropriate proof of

identity should be returned to State of Jersey Police via post or email or in person:

Data Protection Unit

States of Jersey Police

La Route Du Fort

St Helier

JE2 4HQ

Email: **dataprotection@jersey.police.je**

### Please note that fields marked \* are mandatory

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| **1 Personal information - If you are not the data subject and you are applying on behalf of someone else, please fill in the details of the data subject below and not your own.** |
| **1.1 \*Title:**  | Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other [ ]  Other:(specify)        |
| **1.2 \*ALL forename(s)/given name(s):** |  |
| **1.3 \*Surname/Family name:** |  |
| **1.4 \*Previous/former name(s):** |  |
| **1.6 \*Date of birth:** (dd/mm/yyyy) |  |
| **1.7 \*Place of birth:** |  |

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| **2 Contact details – we ask for this in case it is necessary to contact you** |
| **2.1 Email address:** |  |
| **2.2 Daytime telephone number:** Please make sure that you include local/area dialling codes. |  |

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| **3 Address history** |
| **3.1 \*Current address:** This is the physical address at which you reside (not a PO Box) and should be shown on your proof of address.  |
|  |
| **Postcode:**  |  |
| **Date from:** (mm/yyyy) |  |
| **3.2 Previous addresses:** If relevant to request. |
| **Previous address 1:** | **Date from:** (mm/yyyy) **Date to:** (mm/yyyy)  |
|  |
| **Postcode:**  |  |

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| **4 Delivery of your disclosure** |
| **4.1 \*How would you like your subject access disclosure to be delivered?**Please select only one option: Email [ ]  Post [ ]  Collect in person from a station [ ]  |
| **Email disclosures will be sent to the email address specified above.** Please be aware that whilst the email response will be sent from States of Jersey Policesecure network, unless you have a secure email address the delivery to your personal inbox is an insecure connection via the public internet. However, we will password protect and documents sent.Police cannot accept responsibility for any loss or inappropriate access to the email response once it has left our secure network. It is also the responsibility of the applicant to ensure that the email address submitted is accurate.  |
| **4.2 Alternative postal address:** Only complete this box if you **do not** want correspondence to be sent to your current address. |
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| **Postcode:** |  |

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| **5 Third party nomination** |
| Providing contact details for a third party will be considered as consent to share your information with another party. If you are a Power of Attorney for the applicant, please enclose a copy of the Power of Attorney documents with this request. |
| **5.1 \*Name of representative/contact:** |  |
| **5.2 \*Relationship to you:** |  |
| **5.3 Telephone number:** |  |
| **5.4 Email address:**  |  |

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| **6 Additional information** |
| **6.1 \* Please advise what information you are requesting.** |
| [ ]  **PNC information Held** | [ ]  **Local conviction information**  |
| **Other :** |

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| **7 Declaration & Signature**  |
| The information I have supplied in this request is correct and I am the person to whom it relates. By signing this form I accept the terms and conditions of service and I confirm that I wish to be supplied with information held by States of Jersey Police**7.1 \*Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*Date:**      **If the person completing the request form is not the data subject, a Power of Attorney or an original letter of authority signed by the data subject has been enclosed:**Letter of authority [ ]  Lasting or Enduring Power of Attorney [ ]  Evidence of parental responsibility [ ]  Other (give details): [ ] **If the data subject is completing this form but would like us to discuss the request with somebody else, please complete section 5.****A person who impersonates or attempts to impersonate another person may be guilty of an offence.** |