# **St Mary of the Angels Catholic Primary School**

### Recognising and celebrating the presence of Christ in one another

- St Mary of the Angels Catholic Primary School aims to be a positive force within the Catholic Church inspired by the life of Christ in the Gospel.
- The school is committed to the widest and fullest education with ambition for all pupils in a partnership between home, school, parish and community.
- The school aims to create a happy, ordered environment where all members feel secure and valued.



**Subject Access Process and Form** 

| Current date approved: | May 2024            |
|------------------------|---------------------|
| Approved by:           | Full Governing Body |
| Date of Next review:   | May 2025            |

This form is for any person who wishes to apply for access to personal data held by St Mary of the Angels Catholic Primary School Office. Please read the Subject Access Request Guidance Notes below before completing this form.

A separate form should be completed for each individual.

NOTE: This is not a mandatory form – Subject Access requests made in other formats will also be accepted but this form is designed to speed up the process.

#### Please read before filling in the Subject Access Request Form

Which sections should I complete?

**Sections 1, 2, 3, 4 and 5** should be completed for all applications.

Sections 6, 7 and 8 (Representative Details and Authority to Release Information to a Representative) should only be completed if the application is being made by a representative (i.e. someone other than the data subject themselves).

**Section 3 (Proof of the applicant's identity)** - If you do not have any of the forms of identity listed, we may in exceptional circumstances accept alternatives for consideration.

This form is designed to assist the process of making a subject access and, as a consequence, may speed the process up; but it is not mandatory, all subject access requests made in other formats will also be processed.

#### What information will help with the processing of my subject access request?

In order to process a Subject Access Request, we require proof of the requestors:

- Full Name
- Address
- Contact Telephone Number
- Identification- A request should be accompanied by 2 forms of identification. (Copies are acceptable) and may include a utility bill to confirm address and a passport or birth certificate to confirm name.

#### Other acceptable forms of identification include.

- Full valid Current passport
- Driving License (with or without photograph)
- Local Bus Pass
- Birth/Adoption/Marriage Certificate
- Identity Card issued by a recognised local employer
- NHS Medical Card
- Council or social landlord rent book
- Allowance/Benefit/Pension Book
- Letter from a responsible person (e.g. Solicitor, Doctor, Minister of religion, Teacher etc.) which says they know the applicant and confirms the applicants name and address
- Recent Council Tax Bill

#### What information does St Mary of the Angels Catholic Primary School hold?

St Mary of the Angels Catholic Primary School holds information relevant to the conduct of its functions which will include, but not be restricted to, personal information about pupils' education record, applications you have made and any other action undertaken. However, some data may have been reviewed and destroyed where appropriate in accordance with our information retention policies.

#### How long will it take to get my data?

Once we are satisfied that you meet the criteria for disclosure of data under the Data Protection Act, and have provided sufficient information, you should receive a response within 1 month from the date that we accept your application for processing and for information containing, in whole or in part, a pupil's 'educational record', a response will be provided within 20 school days. Any requests made during school closures will not be actioned until school returns.

Records may be held in several different locations in paper and electronic formats. If you only require specific information and you clearly state what that is – for example a specific document or IT-only data – then you are likely to get a quicker disclosure.

The form includes a section for giving details if you need a disclosure by a certain date. No guarantee can be given that a disclosure will be completed by that date but we will endeavour to comply with reasonable requests for expedited action.

#### **General Notes**

- 1. We will not acknowledge your application in writing but we will provide you with a reference number when we write to you.
- 2. There is no fee for a Subject Access Request, however this may change depending on the complexity of each case.
- 3. When we process information requests for children aged 13 or over and spouses, we require their signature of authority before disclosing data.
- 4. The documents that you receive may have data redacted (blacked-out) or contain rough notes that may lack clarity. This is because we aim to supply copies of the original records whenever possible. However, as school records also include third party information that we cannot release to you under the Data Protection Act, e.g. another person's data, this is removed.
- 5. We will not disclose information by fax or telephone. Disclosure by post is usually made by first class post to the address you provide in section 2 or, if appropriate, to your representative named in section 6.

#### Checklist

| Have you completed all relevant sections of the form?   |
|---|
| If you are a representative, has your client signed the authority in Section 8 or provided a separate signed note of authority?   |
| If you are submitting the form yourself, have you signed the form at Section5?  |
| If you are signing as a parent or guardian of a child under 13, have you provided a photocopy of their full birth certificate, photocopies of any court orders and proof of your parental responsibility? |
| Have you enclosed two pieces of identification from the lists in Section 3 (one from each of A and B)?  |
| Have you signed the declaration in Section 5?   |
| Have you provided as much information as possible to enable us to find the data you require?  |

#### Please send your completed form, proof of identity to:

St Mary of the Angels Catholic Primary School Weston Crescent Aldridge Walsall WS9 0HA

# **Subject Access Request Form**

# Section 1 – Applicant Details

| Title (please tick one):  | Mr Mrs Miss Ms Title (please state): |
|---|--------------------------------------|
| Forename(s):  |                                      |
| Family Name:  |                                      |
| Previous Family Name:   |                                      |
| Other name(s) known by:   |                                      |
| Date of Birth (dd/mm/yyyy):   | / Male or Female                     |
| Nationality:  |                                      |
| Place of Birth:   |                                      |
| School Reference<br>Number:   | School Reference:                    |
| Please give details of any other known reference numbers issued by the school | Other references:  State context:    |
|   |                                      |
| Section 2 – Applicant D   | etails                               |
| Section 2 – Applicant De Current Address:                                     | etails                               |
|   | etails                               |
| Current Address: Postcode   | etails                               |
| Current Address:  | etails                               |
| Current Address:  Postcode  Daytime Telephone No:                             | etails                               |
| Current Address:  Postcode  Daytime Telephone No:                             | etails                               |

# Section 3 – Proof of the applicant's identity

In order to prove the applicant's identity, we need to see copies of documents referred to on P.1 under, 'Other acceptable forms of identification'. Please indicate below which forms of identity you will be supplying.

Please DO NOT send an original passport, driving licence or identity card

| Title of Documents  |  |                                   |         |
|---|--|-----------------------------------|---------|
|   |  |                                   |         |
|   |  |                                   |         |
|   |  |                                   | $\perp$ |
|   |  |                                   |         |
|   |  |                                   |         |
|   |  |                                   |         |
|   |  |                                   |         |
| For a child under 13 years of age pleas state if there are none. Any original do post.  Section 4 – Details of Information Research                     | cuments you send to u                                | s will be returned by first class |         |
| Please use this space to give us any de<br>example by stating specific documents  |  |                                   |         |
|   |  |                                   |         |
|   |  |                                   |         |
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|   |  |                                   |         |
|   |  |                                   |         |
|   |  |                                   |         |
| Section 5 – Declaration   |  |                                   |         |
| The information which I have supplied whom it relates or a representative act Angels Catholic Primary School may nepresentative in order to comply with | ing on his/her behalf. I<br>eed to obtain further ir | understand that St Mary of the    |         |
| Signature of Applicant:   |  | Date:                             |         |

# Section 6 - Representative Details

(If completed St Mary of the Angels Catholic Primary School will reply to the address you provide in this section)

| Name of Representative:  | 1                                  |                       |                                    |                         |              |
|--|------------------------------------|-----------------------|------------------------------------|-------------------------|--------------|
| Company Name:  |                                    |                       |                                    |                         |              |
| Address O Destroda   |                                    |                       |                                    |                         |              |
| Address & Postcode:  |                                    |                       |                                    |                         |              |
| Daytime Telephone No:  |                                    |                       |                                    |                         |              |
| Email Address:   |                                    |                       |                                    |                         |              |
| Section 7 – Proof of the Re Please provide copies of docu identification'. Please indices                                  | uments referred<br>cate below whic | I to on P<br>ch forms | .1 under, 'Othe<br>of identity you | will be supplying.      | of           |
| Please DO NOT send an o  | riginai passpo                     | ort, ariv             | ing licence or i                   | dentity card            |              |
|  |                                    |                       |                                    |                         |              |
|  |                                    |                       |                                    |                         |              |
|  |                                    |                       |                                    |                         |              |
|  |                                    |                       |                                    |                         |              |
|  |                                    |                       |                                    |                         |              |
| Section 8 – Authority to rel<br>A representative needs to o<br>released. The representative<br>separate note of authority. | btain authority                    | from th               | e applicant bef                    | ore personal data ca    |              |
| This must be an original sign  | ature, not a ph                    | otocopy               | (tip: using blue                   | ink often helps verific | cation).     |
| If the applicant is signing as t also be provided.   | he guardian of                     | a child ι             | under 13, proof                    | of legal guardianship   | must         |
| I hereby give my authority f   |                                    | tativa n              | amed in Section                    | 3 of this form to mal   | ke a Subject |
| Access Request on my beh   |                                    |                       |                                    |                         |              |
| Access Request on my beh Signature of Applicant:   |                                    |                       |                                    | Date:                   |              |

### **Section 9 – Timescale**

If you have specific reasons for requiring data by a specific date please give details below:

| (a) Date required:  |
|---|
| (b) Reason (please state and supply supporting evidence): |
|   |
|   |
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|   |