**Subject Access Request Form**

Please complete this form, being as specific and detailed as you can, to help us help you.You'll receive an immediate auto-response email, which will give you a copy of your subject access request, and the information below about what to expect next.

We'll respond to your request within one calendar month of receiving confirmation of your ID and any other information we may need to process the request.

Please note - If you're looking for a letter of support or similar, that is not a subject access request and you should not complete this form. Instead, contact your therapist/practitioner direct, or email/call us for assistance - giving as much information as you can about your details, your Invictus practitioner/service, and what you need from us, so we can direct your request as efficiently as possible: info@invictuswellbeing.com or 01422 730015

**Your Basic Details**

| Your Name: |  |  |
| --- | --- | --- |
| Your Email: |  | |
| Your Contact Number: |  | |

| **Please select below that apply to you** | Place an X in the box below: |
| --- | --- |
| Are you contacting us as a professional, requesting information about or on behalf of a client/carer? |  |
| Are you contacting us as an employee/ex-employee or volunteer? |  |
| Are you requesting information about yourself? |  |

**Your Request**

| Please complete the table below to advise us of what information you require: | |
| --- | --- |
|  | |
|
|

**Information to help us find your data**

| **Please complete as much as you can below about the person you are requesting data about. This will help us in finding the data and information** | |
| --- | --- |
| Full Name (unless specified above): |  |
| DOB: |  |
| Email (unless specified above): |  |
| Contact Number (unless specified above): |  |
| Current Address: |  |
| Gender: |  |
| Year(s) you were involved with the charity |  |
| Any other identifiable information that may support us in procuring your data: |  |
|

**Declaration (to be signed by the applicant)**

I certify that the information I have provided within this form is correct, and I am the person to whom it relates. Signed: Print name: Date: Warning: A person who impersonates, or attempts to impersonate, another, may be guilty of a criminal offence.

| Signed |  |
| --- | --- |
| Print |  |
| Date |  |

Please return this form to enquiries@invictuswellbeing.com

Alternatively, this form can be submitted by sending this form with copies of your identity documents to the following address:

Invictus Wellbeing

E Mill

Dean Clough Mills

Halifax

West Yorkshire

HX3 5AX

If you need any help completing this form, or any additional information relating to this subject access request, please contact us at [enquiries@invictuswellbeing.com](mailto:enquiries@invictuswellbeing.com) or call 01422 730015 and ask for the Data Protection Officer.