

Mae'r ddogfen hon ar gael yn Gymraeg yn ogystal â Saesneg.

This document is available in Welsh as well as English.



DATA PROTECTION ACT 2018 SUBJECT ACCESS APPLICATION

Please read the following information carefully before completing the application

This guidance is for the use and completion of applications for information held by the Office of the Police and Crime Commissioner Dyfed - Powys.

If you wish to request information that may be held by **Dyfed-Powys Police** you must contact them on Request information | Dyfed-Powys Police (dyfed-powys.police.uk)

Your Rights of Access (to 'locally held' information – Subject Access)

Subject to certain exemptions you have a right to be told whether the Office of the Police and Crime Commissioner Dyfed-Powys holds any information about you ("your personal data") and a right to be provided with a copy of that personal data within one calendar month of a legitimate request and proof of identity.

If you wish to exercise those rights please complete this form carefully and follow the instructions regarding proof of identity.

The Data Protection Act means that in certain circumstances the Office of the Police and Crime Commissioner Dyfed-Powys may decide not to provide you with some personal data. For example, we will not provide personal data if we feel releasing it to you would be likely to prejudice policing purposes, and we may not provide you with information that identifies other individuals.

Fee

You will not be charged for this request, however if you require further copies of the information provided you may be charged a reasonable administration fee.

Returning this form

Once completed, please send the form and appropriate identification to:

Email: opcc@dyfed-powys.pnn.police.uk (Please note any email you send to us will not be secure in transit)

or

Post: Data Protection Officer

Dyfed-Powys Police and Crime Commissioner

OPCC PO Box 99 Llangunnor Carmarthen Carmarthenshire

SA31 2PF

Should any advice or guidance be required in completing this application, please contact us on 01267 226440.

REQUEST FOR YOUR PERSONAL DATA HELD BY THE OFFICE OF THE POLICE AND CRIME COMMISSIONER DYFED-POWYS

Section 1. Personal Information			
Title(Mr, Mrs, Miss, Ms, Dr, Rev etc):		Surname/Family Name:	
First Name(s):			I.
Maiden/Former Name(s):	,	Gender:	
Date of birth:		Place of Birth:	
Current Address (including			<u> </u>
Postcode):			
Telephone Number(s): Landline		Mobile:	
Email Address:			
Previous Addresses(1):			
Previous Addresses(2):			
Section 2. Personal Data Sought			
To help us find the information that n	nay be held about you,	please supply as much de	etail as possible about
the information you require and spec	ify exactly what inform	ation you are requesting	Please include where
available dates and times; and any ot	her information you ha	ave that can assist us in fi	nding the information
you seek. Please note a failure to pro	ovide such details may	y result in your application	on being rejected and
returned to you.			
Section 3. Delivery of disclosure			
Response Method:	Email \square	Post	Collection
Please note that that where an emai	I response is requeste	d, it will be sent to the er	nail address you have
specified. Please ensure it is accurat	e.		
In order to ensure the security of the	e information enclose	d, you will be requested	to set up a password
which will be followed by the inform	nation in an encrypted	PDF. You will need to ha	ve Adobe Acrobat on
your device and follow the instruction			
	ons contained in the e	mail.	
Alternative postal address: If you	ons contained in the e	mail.	
	ons contained in the e	mail.	
do not want the correspondence	ons contained in the e	mail.	
	ons contained in the e	mail.	
do not want the correspondence	ons contained in the e	mail.	
do not want the correspondence	ons contained in the e	mail.	
do not want the correspondence sent to your current address	ons contained in the e	mail.	
do not want the correspondence sent to your current address Collection: The correspondence can	ons contained in the e	mail.	

Form: SA1

Section 4. Proof of Identity Documents

To help establish your identity, your application must be accompanied by at least **two** different official forms of identification. Between them, they should bear a combination of your **name**, **address**, **signature and date of birth** (e.g. Driving Licence, Passport, Medical Card, Birth/Adoption Certificate, Bank Statement, or Utility Bill). **Please do not send original documents as we cannot accept responsibility for their secure storage or return.**

Section 5. Declaration		
The information I have supp	plied in this request is correct and	I am the person to whom it relates.
Warning: A person who im	personates another or attempts	to impersonate may be guilty of an offences.
Signature:		
Date:		
CHECKLIST		
Have you fully completed a	II the sections you need to?	
Have you specified the exact	ct information required?	
Have you enclosed the copi	ies of identity documents?	
Contact Details		
Once completed, please ser	nd form and appropriate identification	ation to:
Email: opcc@dyfed-powys.	<u>pnn.police.uk</u> (Please note any en	nail you send to us will not be secure in transit)
or		
Post: Data Protection Offic		
•	and Crime Commissioner	
OPCC		
PO Box 99		
Llangunnor		
Carmarthen		
Carmarthenshire		
SA31 2PF		
Charlet and the second		all the conditional to the condition of
226440.	ance be required in completing	this application, please contact us on 01267

Form: SA1

Check that the form has been completed and is legible and you are satisfied with the applicant's identity
Application Checked and Legible? Yes / No Identification Documents Checked? Yes / No Identity document 1 Identity document 2 Identity document(s) returned Yes / No Name: Staff Number: Date Request completed:
Identification Documents Checked? Yes / No Identity document 1 Identity document 2 Identity document(s) returned Yes / No Name: Staff Number: Date Request completed:
Identity document 2 Identity document(s) returned Yes / No Name: Staff Number: Date Request completed:
Identity document(s) returned Yes / No Name: Staff Number: Date Request completed:
Name: Staff Number: Date Request completed:
Staff Number: Date Request completed:
Date Request completed:
Comments:
Retention period: