**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)](https://www.dyfed-powys.police.uk/rqo/request/ri/request-information/)

**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.police.uk](mailto:opcc@dyfed-powys.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.

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| **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): |  | | | | |
| Maiden/Former Name(s): |  | Gender: | | |  |
| Date of birth: |  | Place of Birth: | | |  |
| Current Address (including Postcode): |  | | | | |
| Telephone Number(s): Landline |  | Mobile: | | |  |
| Email Address: |  | | | | |
| Previous Addresses(1): |  | | | | |
| Previous Addresses(2): |  | | | | |
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| **Section 2. Personal Data Sought** | | | | | |
| To help us find the information that may be held about you, please supply as much detail as possible about the information you require and specify exactly what information you are requesting. Please include where available dates and times; and any other information you have that can assist us in finding the information you seek. **Please note a failure to provide such details may result in your application being rejected and returned to you.** | | | | | |
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| **Section 3. Delivery of disclosure** | | | | | |
| Response Method: | Email | | Post | Collection | |
| **Please note that that where an email response is requested, it will be sent to the email address you have specified. Please ensure it is accurate.**  **In order to ensure the security of the information enclosed, you will be requested to set up a password which will be followed by the information in an encrypted PDF. You will need to have Adobe Acrobat on your device and follow the instructions contained in the email.** | | | | | |
| Alternative postal address: *If you do not want the correspondence sent to your current address* |  | | | | |
| Collection: *The correspondence can be collected from Police Headquarters by making a prior appointment.* |  | | | | |

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| **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.** |

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| **Section 5. Declaration** | | |
| The information I have supplied in this request is correct and I am the person to whom it relates.  **Warning: A person who impersonates another or attempts to impersonate may be guilty of an offences.** | | |
| Signature: |  | |
| Date: |  | |
|  | | |
| **CHECKLIST** | | |
| Have you fully completed all the sections you need to? | |  |
| Have you specified the exact information required? | |  |
| Have you enclosed the copies of identity documents? | |  |
| **Contact Details** | | |
| Once completed, please send form and appropriate identification to:  Email: [opcc@dyfed-powys.police.uk](mailto:opcc@dyfed-powys.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. | | |

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| **For Office Use Only**  **(Check that the form has been completed and is legible and you are satisfied with the applicant’s identity)** | |
| Date application received |  |
| 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: |  |
| Comments: |  |
| Retention period: |  |