

# Subject access request on behalf of someone else

## Your contact details

The information you supply will be held in accordance with your rights under data protection laws.

|  |  |
| --- | --- |
| Title (tick box as appropriate) | Mrs  Miss  Ms  Mr  Other  (please state): |
| First name |  |
| Last name |  |
| How do you want us to respond to your request? | By post  email |
| Postal address |  |
| email address |  |
| Any other email address(es) you may have used to contact CQC |  |
| Telephone or mobile number |  |

## Proof of your identity

To help us establish your identity, your application must be accompanied by **copies of two official documents** which between them show your name, date of birth and current address. For example: a copy of a passport, driver’s licence, utility bill, council tax bill, or any other official document which shows your name and address.

Please send us **copies only**.

For more information about proving your identity, visit [www.cqc.org.uk/subject-access](http://www.cqc.org.uk/subject-access)

## About the person whose information you are requesting

|  |  |
| --- | --- |
| Full name of the person whose information is being requested |  |
| Any other names they may be known by (such as maiden name or any other previous names) |  |
| Date of birth |  |
| Current address |  |
| email address |  |
| Any other email address(es) they may have used to contact CQC |  |
| Telephone or mobile number |  |
| Any other contact numbers they may have used to contact CQC |  |
| Are they a current or former employee of CQC? Yes  No  **If yes**, please supply their Electronic Staff Record (ESR) ID (if known) and the names of any line managers they have had if relevant to your request: | |
| Are they a registered manager or an employee of Health and Social Care location that is registered with CQC?  Yes  No  **If yes**, please supply their registered manager ID (if known) or the full name and address of the care location(s) they worked at: | |

## The information you are requesting

|  |  |
| --- | --- |
| Is there any specific information you want?  e.g. information about specific matters, or between certain dates  You have a right of access to **all personal data** that CQC holds about you, but you may not want it all. We can usually respond more quickly if you only ask for the specific data you want. |  |
| Please provide the names of any CQC employees or departments you have had contact with?  You don’t have to give us this information, but it will help us to find your information and provide it to you. |  |
| Please provide the names, addresses and postcodes of any Health and Social Care locations and providers you have contacted CQC about  You don’t have to give us this information, but it will help us to find your information and provide it to you. |  |
| Please provide any reference numbers supplied to you by CQC relating to your contact, e.g. ENQ1-000999333, CQC IAT 1819 1050  You don’t have to give us this information, but it will help us to find your information and provide it to you |  |

Before returning this form, please check you have completed **all sections** and have enclosed copies of the documents we asked you to provide (including any proof of consent or authorisation to act for the other person).

When you have completed and checked this form, send it with copies of your proof of identification by email to [information.access@cqc.org.uk](mailto:information.access@cqc.org.uk) to or:

Information Access

Care Quality Commission

Citygate, floor 6

Gallowgate

Newcastle upon Tyne

NE1 4PA

# Using your Information

The information you supply on this form will be held securely by CQC and will be used to locate the information you have requested. We will use your contact details to keep you informed of the progress of your request and to provide you with our response.

We may be required to share some of the information you supply with other people and teams within CQC so that we can locate the information you have requested and make decisions on disclosure. We may also be required to share some information with other people or organisations – for example, if we received information about you from a third party, we may need to make them aware of your request so that we can consult them on disclosure of their correspondence.

We will only share the minimum information required for this purpose. Please let us know if there is anyone you don’t want us to contact in this way but note that it may limit the information we can disclose to you.

We hold records of information requests and our responses for five years.

For further details about how we process personal information please read our privacy statement:

[www.cqc.org.uk/about-us/our-policies/privacy-statement](http://www.cqc.org.uk/about-us/our-policies/privacy-statement)

## For CQC use only

|  |  |
| --- | --- |
| Officer receiving the request? |  |
| Application checked and legible? | Yes / No |
| Identification documents checked? | Yes / No |
| What identification was provided? |  |
| Identification documents returned? | Yes / No / Not applicable – copies securely destroyed |