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|  | | | | | | **Data Protection Act 2018**  **Data Subject Rights** | | | | | | | | | |  | | | |
| Should you wish you may use this form to contact Bedford Borough Council about your individual rights under the Data Protection Act 2018 (DPA18). Alternatively please email your request to: [dpo@bedford.gov.uk](mailto:dpo@bedford.gov.uk) or write to: Information Governance, Bedford Borough Council, Bedford MK42 9AP. | | | | | | | | | | | | | | | | | | | |
| Please tick the relevant box which applies to you and indicates why you are contacting us: | | | | | | | | | | | | | | | | | | | |
| **Part 1 – General details** | | | | | | | | | | | | | | | | | | | |
|  | **Correction of data: (the right to rectification)** | | | | | | | | | | | | | | | | | | |
| Information we hold about you is incorrect and needs amending. Please be as specific as possible. | | | | | | | | | | | | | | | | | | |
|  | **Removal of data: (the right to erasure)** | | | | | | | | | | | | | | | | | | |
| You would like deletion of specific data that we hold about you.  Please be as specific as possible.  Please note that there are many circumstances that may mean that we are unable to meet your request, not least our regulatory obligations to retain data.  We will let you know if this is the case. | | | | | | | | | | | | | | | | | | |
|  | **Stop processing personal data: (the right to restrict processing)** | | | | | | | | | | | | | | | | | | |
| You would like us to stop processing your personal data. Please tell us why.  For example do you want us to stop working with your data until it has been corrected? Do you believe that we do not have a lawful reason to work with your information? Please be as specific as possible. Please note that this is not an automatic right and only applies in certain circumstances, we will let you know if this is the case. | | | | | | | | | | | | | | | | | | |
|  | **Transfer of data: (the right to data portability)** | | | | | | | | | | | | | | | | | | |
| If you would like your data transferring and to whom.  Please be as specific as possible.  Please note that we will only provide you with information that you have provided electronically.  We will not transfer information that has been provided by someone else on your behalf, or provided by another means e.g. paper forms. | | | | | | | | | | | | | | | | | | |
|  | **Objection to processing: (the right to object)** | | | | | | | | | | | | | | | | | | |
| You have the right to object to our processing of your data in a number of circumstances, for example if we deem it necessary for the public interest or if you would like us to stop sending you direct marketing.  Please be as specific as possible. | | | | | | | | | | | | | | | | | | |
|  | **Rights in relations to automated decision making and profiling**  You would like us to explain how we profile you or make automated decisions about you using your personal data, whether you would like to know the logic behind these or if you would like us to stop such activities and why.  Please be as specific as possible. | | | | | | | | | | | | | | | | | | |
|  | **If you have read through the above rights and are still unsure which right applies in your circumstances** | | | | | | | | | | | | | | | | | | |
| Please give full details in Part 4 and we will liaise with you, advise which right we believe applies and process accordingly. | | | | | | | | | | | | | | | | | | |
| Please complete in BLACK in BLOCK CAPITAL LETTERS.   * I am the Data Subject (The person the information is about):  Complete Part 2, 4 and 5, **OR** * I am acting on behalf of the Data Subject:  Complete Part 2, 3, 4 and 5   If you are making a request on behalf of someone who is unable to act for themselves, you must explain your relationship with that person. Please note we will not take action without the data subject’s written consent or an appropriate Court Order or Power of Attorney. Accordingly please enclose: | | | | | | | | | | | | | | | | | | | |
| The Data Subject’s written consent to the named individual acting on their behalf at Part 3: | | | | | | | | | | | | | | | | | | |  |
| A Court Order (e.g. Power of Attorney) permission to act as per Part 3: | | | | | | | | | | | | | | | | | | |  |
| Proof of identity for the Data Subject and proof of identity for myself (copy of passport, driving licence or 2 original utility bills issued within the previous 3 months). All documents will be securely returned without delay. | | | | | | | | | | | | | | | | | | |  |
| My relationship to the data subject is: | | | | | | | | | | | | | | | | | | |  |
| (Please specify e.g. Doctor/Solicitor/Spouse/Civil Partner/Father/Mother/Brother/Sister etc.) | | | | | | | | | | | | | | | | | | |
| **Part 2 – Data Subject Personal Details** | | | | | | | | | | | | | | | | | | | |
| Surname: | | |  | | | | | | | Full Forename(s): | |  | | | | | | | |
| Title: | | |  | | | | | | | Date of Birth: | |  | | | | | | | |
|
| Please provide your daytime telephone number or e-mail in case we need to contact you about your request: | | | | | | | | | | | | | | | | | | | |
| Daytime Tel. No: | | | | | |  | | | E-mail address: | | | | | |  | | | | |
| Postal Address: | | | | | |  | | | | | | | | | | | | | |
| Postcode: | | | | | |  | | | County: | | | |  | | | | | | |
| **Part 3 – Enquirer’s Details** (if different from Data Subject, details given above). | | | | | | | | | | | | | | | | | | | |
| If seeking information on behalf of someone else please also provide your full name. Please also provide the address that you want the information sent to plus your daytime telephone number in case we need to speak to you to discuss the request | | | | | | | | | | | | | | | | | | | |
| Surname: | | | |  | | | Full Forename(s): | | | | | | |  | | | Title: |  | |
| Postal Address: | | | |  | | | | | | | | | | | | | | | |
|
| Postcode: | | | |  | | | | | | | | | | Country: | | | |  | |
| Daytime Tel No: | | | |  | | | | | | | | | | | | | | | |
| **Part 4 – Please provide the information relevant to your request** | | | | | | | | | | | | | | | | | | | |
| *Please provide as much information as possible to assist us in processing your request in relation to individual rights* | |  | | | | | | | | | | | | | | | | | |
|  | | Bedford Borough Council will use the information provided for the purpose of locating the information requested and it will be kept securely for a maximum of 4 years in case of further enquiries from you. | | | | | | | | | | | | | | | | | |
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| **Part 5 – Declaration** | | | | | | | | | | | | | | | | | | | |
| Verification of identity is required before your request can be processed | | | | | | | | | | | | | | | | | | | |
| Please provide: | | | | | | | | | | | | | | | | | | | |
| [1] a copy of your Photocard Driver’s Licence **OR** | | | | | | | | | | | | | | | | | | | |
| [2] your current Passport showing photo and signature **OR** | | | | | | | | | | | | | | | | | | | |
| [3]a copy of 2 recent domestic utility bill or official correspondence confirming current home address dated within the last three months. | | | | | | | | | | | | | | | | | | | |
| I enclose as verification of identity a photocopy of my: | | | | | Driving Licence: | | | Passport: | | | | | | Utility Bill: | | | | Other: | |
| I declare that, to the best of my knowledge, the information I have provided on this form is correct. | | | | | | | | | | | | | | | | | | | |
| Signature: | | | |  | | | | | | | Name in Capitals: | | | | | |  | | |
| Date: | | | | | |  | | |