

DanceSyndrome Subject Access Request Form

1. DATA SUBJECT DETAILS

Title Mr Mrs Miss Ms Other

Surname

First Name(s)

Current Address

Telephone number

Home

Work

Mobile

Email address

Date of Birth

Means of identification provided to confirm name of data subject:

Details of data requested:

Office address:

DanceSyndrome
C/O Pathway Associates
Suite 2, Waterside,
St James Court West,
Accrington, Lancashire,
BB5 1NA

Telephone: 07597 942494
Email: info@dancesyndrome.co.uk
Website: dancesyndrome.co.uk
twitter: @Dancesyndrome
facebook: [dancerleddisabilityinspired](https://www.facebook.com/dancerleddisabilityinspired)

Registered Charity No: 1152664
Registered in England and Wales
Social Enterprise
and company limited by guarantee
Company No: 8402154

2. DETAILS OF PERSON REQUESTING THE INFORMATION

Are you acting on behalf of the data subject with their [written] or other legal authority? Yes
No

If 'Yes' please state your relationship with the data subject (e.g. parent, legal guardian or solicitor)

Please enclose proof that you are legally authorised to obtain this information

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DECLARATION

I,, the signatory and person identified above as the data subject, hereby request that DanceSyndrome provide me with the personal data about me identified above.

Signature:

Date:

SAR form completed by [insert employee name]:

I,, the signatory and person identified at section 2 above, hereby request that DanceSyndrome provide me with the personal data identified above.

Signature:

Date:

SAR form completed by [insert employee name]:

Please find enclosed the proof of payment:

Cheque

Postal Order

Proof of Bank Transfer

Please note: This form must be immediately forwarded to DanceSyndrome's Data Protection Officer with the payment of £10.

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