

Westfield Road Surgery
Appendix 1
Data Protection Act - Application for CCTV Data Access

ALL Sections must be fully completed.

Attach a separate sheet if needed.

Name and address of Applicant	
Name and address of "Data Subject" – i.e. the person whose image is recorded	
If the data subject is not the person making the application, please obtain a signed consent from the data subject opposite	Data Subject signature.....
If it is not possible to obtain the signature of the data subject, please state your reasons	
Please state your reasons for requesting the image	
Date on which the requested image was taken	
Time at which the requested image was taken	
Location of the data subject at time image was taken (i.e. which camera or cameras)	
Full description of the individual, or alternatively, attach to this application a range of photographs to enable the data subject to be identified by the operator	
Please indicate whether you (the applicant) will be satisfied by viewing the image only	

A response will be provided as soon as possible and in any event within **40** days.

The Practice may charge a reasonable fee to provide the footage if the request to see a copy of your personal information is deemed unfounded or excessive.

PRACTICE USE ONLY	PRACTICE USE ONLY
Access granted (tick)	
Access not granted (tick)	Reason for not granting access:
Data Controller's name: Signature: Date:	