

Section 4 – Representative Details

(If completed Highland Hospice will reply to the address you provide here)

Name of Representative:	
Company Name:	
Address & Postcode:	
Daytime Telephone No:	
Email Address:	

Section 5 – Authority to release information to a Representative

A representative needs to obtain authority from the applicant before personal data can be released. The representative should obtain the applicant's signature below, or provide a separate note of authority.

This must be an original signature, not a photocopy.

I hereby give my authority for the representative named in Section 3 of this form to make a Data Subject Right Request on my behalf under Data Protection Legislation.	
Signature of Applicant:	Date:
Signature of Representative:	Date:

This form is for any person who wishes to apply for access to personal data held by Highland Hospice

It is designed to assist Data Subjects in the process of making an information request and, as a consequence, may speed the process up; but it is not mandatory, all information requests from Data Subjects made in other formats will also be processed.

Please send your completed form to:

By Email: generalenquiries@highlandhospice.org.uk

By Post: Head of People
 Highland Hospice
 Ness House
 1 Bishops Road
 Inverness