



## National Association for Hospital Education – Information access request

Under data protection legislation, you have the right to request access to information about yourselves that we hold. To make a request for your personal information please complete the form below and return to the NAHE at [admin@nahe.org.uk](mailto:admin@nahe.org.uk)

### Information Access Request Form

#### Data Subject (Person who information is about)

Title	
Name	
DOB	

#### Persons making the request

Name	
DOB	
Address	
Email Address	
Contact Phone Number	

Identification Evidence Provided (Please tick)	<b>Passport</b> <input type="checkbox"/> <b>Driving Licence</b> <input type="checkbox"/> <b>2 forms of Utility Bill (within the last 3 months)</b> <input type="checkbox"/> <b>Bank Statement (within the last 3 months)</b> <input type="checkbox"/> <b>Council Tax Bill</b> <input type="checkbox"/> <b>Rent Book</b> <input type="checkbox"/>
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#### Status of person making the request

Are you acting on their written authority (Please provide a copy of the consent)	
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If you are not the parent or do not have parental responsibility, what is your role?	
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Details of Data Requested	
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**Declaration if the data subject**

I hereby request that The National Association for Hospital Education provide the data requested about me.

Signature

Date

**Declaration if acting on behalf of the data subject**

I hereby request that The National Association for Hospital Education provide the data requested about .....on the basis of the authority I have.

Signature

Date