

## Data Subject Rights Request Form

Under the Data Protection Act 2018 and the General Data Protection Regulations (GDPR) you are entitled to request to exercise certain rights in relation to your personal data which is held by Activate Learning, including:

- Request access to the information we hold about you (Subject Access Request);
- Be informed of the identity of the controller, the reasons for processing your personal data and other relevant information necessary to ensure the fair and transparent processing of personal data (Information Request);
- Object to processing of personal data that is likely to cause, or is causing, damage or distress or that is for the purpose of direct marketing (Objection Request);
- Temporarily restrict certain processing of personal data (Restriction Request);
- Have inaccurate personal data rectified (Rectification Request);
- Have unnecessary personal data erased (Erasure Request);
- Receive your electronic personal data in a machine-readable format for transfer to another organization (Portability Request).

You can use this form to request to exercise any of the above rights. The details you provide on will be disclosed to the members of staff dealing with your request and will be used within the Group to validate, locate and review your information.

Activate Learning will respond as soon as possible to this request but in any event within 30 days from verification of your request and of your identity, which will usually be achieved either through security questions or supply of proof of ID, depending upon the nature of your request. Activate Learning will retain details of your request for 24 months from receipt of your request. There is no charge for this service.

All information will be treated in compliance with relevant legislation.

**Please return this form to:**

Data Protection Officer  
Activate Learning  
Church Road  
Bracknell  
RG12 1DJ  
Email: [dpo@activatelearning.ac.uk](mailto:dpo@activatelearning.ac.uk)

**1. Please enter details of the Data Subject below:**

The term "Data Subject" refers to the person about whom the information is being requested.

**Surname:** .....

**Title (Mr/Mrs/Ms/Other):** .....

**Maiden name or previous surname (if applicable):** .....

**Forename(s):** .....

**Present Address:** .....

.....

**Post Code:** .....

**Previous address (if less than 3 years at Present Address):**

.....

.....

**Post Code:** .....

**Date of Birth (for verification purposes):** .....

**Phone Number (including dialling code):**.....

*You are not obliged to disclose your telephone number but it will help us to contact you to verify your request and your identity.*

**2. Please indicate what data subject right you wish to exercise:**

- |                               |                          |                            |                          |
|-------------------------------|--------------------------|----------------------------|--------------------------|
| <b>Subject Access Request</b> | <input type="checkbox"/> | <b>Information Request</b> | <input type="checkbox"/> |
| <b>Objection Request</b>      | <input type="checkbox"/> | <b>Restriction Right</b>   | <input type="checkbox"/> |
| <b>Rectification Request</b>  | <input type="checkbox"/> | <b>Erasure Request</b>     | <input type="checkbox"/> |
| <b>Portability Request</b>    | <input type="checkbox"/> |                            |                          |

**3. Please indicate in the area relevant to your request:**

- |                                   |                          |                        |                          |
|-----------------------------------|--------------------------|------------------------|--------------------------|
| <b>Application for employment</b> | <input type="checkbox"/> | <b>Past employment</b> | <input type="checkbox"/> |
| <b>Voluntary work</b>             | <input type="checkbox"/> | <b>Current study</b>   | <input type="checkbox"/> |
| <b>Past study</b>                 | <input type="checkbox"/> |                        |                          |
| <b>Other – please explain</b>     | <input type="checkbox"/> | .....                  |                          |
|                                   |                          | .....                  |                          |

Please help us to fulfil your request by providing us with any information that might help us to locate or assess your data.

.....  
.....

**4. If you are acting on behalf of the Data Subject, please complete this section.**

**Surname:** .....

**Title Mr/Mrs/Ms/Other:**.....

**Forename(s):** .....

**Address:** .....

.....  
.....

**Post Code:** .....

**Phone Number (including dialling code):** .....

*If you are acting on behalf of the data subject, you will need to enclose their written authority including a signature or other legal documentation (e.g. parental rights or power of attorney) to confirm this request. You will also need to supply evidence of your identity and that of the Data Subject.*

**5. To be completed by all applicants:**

I, ....., certify that the information given on this request form is true. I understand that it is necessary for Activate Learning to confirm my/the data subject's identity and it may also be necessary to obtain more information in order to locate the correct information.

**Print Name:** .....

**Signature:** ..... **Date:** .....

*It will expedite our response to your request if you supply an original proof of your identity when you return this completed form to us. This should be something with your current name and address, for example, your driving licence, latest utility bill or some other documentation that can provide us with evidence of who you are and your current address. You may wish to send your document recorded delivery. The proof of identity will be returned to you by recorded delivery after verification.*