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| ***IRR*** | **Individual Rights Request Form** |

**Section 1:** **Details of the individual**

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| **Title:** | …………………………………………………………………………… |
| **First names:**  | …………………………………………………………………………… |
| **Surname:** | …………………………………………………………………………… |
| **Former Surname (if applicable):** | …………………………………………………………..……………….. |
| **Date of Birth:****NHS Number (if known):** | …………………………………………………………..………………..……………………………………………………………………………. |
| **Current Address:** | …………………………………………………………………………… |
|  | …………………………………………………………………………… |
|  | …………………………………………………………………………… |

**Section 2: Applicant details (if making a request on behalf of the individual)**

|  |  |
| --- | --- |
| **Name:** | …………………………………………………………………………………….. |
| **Address:** | ……………………………………………………………………………………..…………………………………………………………………………………….. |
| **Date of Birth:****Relationship to individual in section 1:** | …………………………………………………………………………………….…………………………………………………………………………………….…………………………………………………………………………………….. |

**Section 3: Further Information**

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**Information for**

**deletion/amendment**:

**Reason for**

**deletion/**

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**amendment:**

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**Desired outcome:**

**Section 4: Consent**

Please tick **one** of following boxes and sign below:

|  |  |
| --- | --- |
| a) I confirm I am the person mentioned in section 1. |  |
| b) I confirm I am the person mentioned in section 1 and I authorise the person mentioned in section 2 to act on my behalf. |  |
| c) I confirm that I am the person mentioned in section 2 and I have parental responsibility for the child in section 1. |  |
| d) I confirm I am the person mentioned in section 2 and have been authorised to an act as an agent/power of attorney for the person in section 1. The applicant must provide evidence to support this. |  |

**Please note that your request will not be processed unless two forms of identification are received and verified. Approved forms of identification are listed on our website.**

|  |  |
| --- | --- |
| Print Name: | ………………………………………………………………………………………. |
| Signature: | ………………………………………………………………………………………. |
| Date: | ……………………………………. |

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| **Please return the form to the**:Department of Data Protection and Information GovernanceLeeds Community Healthcare NHS TrustStockdale HouseVictoria RoadLeedsLS6 1PF |

**Or email : ig.lch@nhs.net**

For further information about how we process your data, please view our Privacy Notice here: <https://www.leedscommunityhealthcare.nhs.uk/about-us/access-to-information/how-we-use-information-about-you/>