# **Subject Access Authorisation Form**

Please ensure you have read the [Subject Access Request Information Page](https://www.clapa.com/privacy/subject-access-requests/) before completing this form.

Any information provided in this form will be used only for the purpose of responding to your request in line with your rights under the General Data Protection Regulations (2018).

**Name and Contact Details of Subject**

**Name:** [Type here]

**Address:** [Type here]

**Daytime phone number:** [Type here]

**Previous Address** (if you’ve moved in the past 12 months): [Type here]

*I confirm I am the above named person and authorise the Cleft Lip and Palate Association to give the information requested in the attached Subject Access Request Form to my authorised agent whose details are provided below. I understand I may be contacted directly to verify that I have given this authorisation.*

**Signature of Subject:**

[By typing your name here and returning this form to us, you accept the above statement as just as binding as if you signed it physically]

**Date:** [Type here]

**Name and Contact Details of Authorised Agent**

**Name:** [Type here]

**Address:** [Type here]

**Daytime phone number:** [Type here]

**Relationship with Subject**: [Type here]

*I confirm that I make this application on behalf of and solely in the interests of the subject named in the Subject Access Request Form attached. To ensure the confidentiality of the subject I understand CLAPA will be making further enquiries to prove I am authorised.*

**Signature of Agent:**

[By typing your name here and returning this form to us, you accept the above statement as just as binding as if you signed it physically]

**Date:** [Type here]

**Please return this completed form to:** Data Protection Lead, CLAPA, The Green House, 244-254 Cambridge Heath Road, London E2 9DA, or info@clapa.com with the subject line ‘CONFIDENTIAL: SUBJECT ACCESS REQUEST’.

 Please call 020 7833 4883 or email info@clapa.com if you have any questions about this process.