

Data subject Access Request Form



Montessori
St Nicholas

**ST NICHOLAS TRAINING CENTRE FOR THE MONTESSORI METHOD OF
EDUCATION LTD (MSN, CHARITY) AND
ST NICHOLAS MONTESSORI TRAINING LIMITED
(MONTESSORI CENTRE INTERNATIONAL – MCI, COLLEGE)
Longacre Childcare Ltd (LCL)
"(together, "Montessori")"**

1. Details of the person requesting the information

Full Name: _____

Address: _____

Email: _____

Telephone Number: _____

2. Are you the Data Subject?

YES

If you are the Data Subject please supply evidence of your current identity e.g. student card, driving licence, passport and, if necessary, a stamped addressed envelope for returning the document.

Please also state your relationship to MSN/MCI:

- I am a current/former member of staff
- I am a current/former student
- I am a neither of the above

(Please now go to question 5)

NO

Are you acting on behalf of the Data Subject with their written authority? If so, that authority must be enclosed. Please also state the relationship of the Data subject to MCI/MSN:

- The Data Subject is a current/former member of staff
- The Data subject is a current/former student
- The Data Subject is neither of the above

(Please now continue to question 3)

3. Details of the Data Subject (if different from question 1)

Full Name: _____

Address: _____

Email: _____

Telephone Number: _____

4. Please describe your relationship with the Data Subject that leads you to make this request for information on their behalf

5. If you wish to see only certain specific document(s), i.e. a particular assignment or examination report, a specific departmental file etc, please describe these below:

6. If you would like a more general search, please note that the college is able to search the following sections for personal data. Please indicate the sections that you would like searched:

- Human Resources
- Finance
- MCI files and information system
- MSN files and information system
- Other Administrative Department(s) files and information systems

Please specify which Administrative department(s):

7. Declaration

I, _____, certify that the information given on this application form is true. I understand that it is necessary for MSN to confirm my/the Data Subject's identity and it may be necessary for more detailed information to be obtained in order to locate the correct information.

Signed: _____

Date: _____

Please return the completed form to:

For staff/former staff: Director of Operations

For all others: Director of Operations

Documents which must be submitted with this application are:

- Evidence of your identity (i.e. passport, student card etc)
- Evidence of the Data Subject's identity (if different from above)
- Evidence of the Data Subject's consent to disclose to a third party (if required as indicated above)
- A fee of £50 (cheques to be made payable to Montessori Centre International)
- A stamped addressed envelope for return of proof of identity/authority documents, where appropriate

Please note that the Charity and College reserve the right to obscure or suppress information that relates to other third parties (under the terms of Section 7 of the Data Protection Act 1998).

Office Use Only

Date Request Received: _____

Date Completed: _____

Notes: _____

