



Data Protection Act 2018 Special Subject Access Request (SSAR) Form



Before completing this form, please read the 'Notes for Completion' at the end.

Please complete in BLACK in BLOCK CAPITAL LETTERS.

- I am the Data Subject (The person the information is about): OR
- I am acting on behalf of the Data Subject: **Complete Parts 2, 3 and 4**

If you are seeking information on behalf of someone who is unable to act for themselves, you must explain your relationship with that person, what information you require and why it is required. Please note that information relating to someone else will not be disclosed without the data subject's written consent or an appropriate Court Order or Power of Attorney. Accordingly I enclose:

The Data Subject's written consent to disclosure of the information requested at Part 3:	<input type="checkbox"/>
A Court Order (e.g. Power of Attorney) permitting release of the information requested at Part 3:	<input type="checkbox"/>
Proof of identity for the Data Subject and proof of identity for myself (see Part 4 for details of what is acceptable identification)	<input type="checkbox"/>
My relationship to the data subject is: <i>(Please specify e.g. Doctor/Solicitor/Spouse/Civil Partner/Father/Mother/Brother/Sister etc)</i>	

Part 1 – Data Subject's Personal Details

Surname:		Full Forename(s):		Title:	
Surname while Serving (if different):		Service/Staff No:		Rank/Grade:	
Date of Birth:		National Insurance Number:			
Please provide your daytime telephone number or e-mail in case we need to contact you about your request:					
Daytime Tel. No:			E-mail address:		
Postal Address:	—				
Postcode:			Country:		
MOD Service	Royal Navy: <input type="checkbox"/>	Civilian: <input type="checkbox"/>	Other: <input type="checkbox"/> Please provide details:		
	Royal Air Force: <input type="checkbox"/>				
	Army: <input type="checkbox"/>				
	MOD Branch: <input type="checkbox"/>	Date(s) of Joining:		Date(s) of Leaving:	
	Please provide details:				

Part 2 – Enquirer's Details (if different from above) .

If you are seeking information on behalf of someone else please also provide your full name. Please also provide the address that you want the information sent to plus your daytime telephone number in case we need to speak to you to discuss your request

Surname:		Full Forename(s):		Title:	
Postal Address:					
Postcode:			Country:		
Daytime Tetl No					

Part 3 – Information Requested

Please be as specific as you can about the nature of your potential Hazardous Exposure:

1	What happened?	
2	When did it occur? Please provide dates	
3	Where did it happen?	
4	Why were you there (what was your role)?	
5	Do you know where in the Department the information you are requesting might be held?	
6	What, specific information are you looking for from the Department?	

Part 4 – Declaration

Verification of identity is required before your request can be processed. If you have changed your name since your service then proof of this name change will also be required in the form of marriage licence/deed poll certificate etc.

Please provide:

[1] a copy of your Photocard Driver's Licence **OR**

[2] your current Passport showing photo and signature **AND** a copy of a recent domestic utility bill or official correspondence confirming current home address dated within the last three months.

I enclose as verification of identity a photocopy of my:	Driving Licence: <input type="checkbox"/>	Passport: <input type="checkbox"/>	Utility Bill: <input type="checkbox"/>	Other: <input type="checkbox"/>	
--	---	------------------------------------	--	---------------------------------	--

I declare that, to the best of my knowledge, the information I have provided on this form is correct.

Signature:		Name in full (Block Capitals):	
		Date	



MOD will use the information provided for the purpose of locating the information requested and it will kept securely for a minimum of 2 years in case of further enquiries from you. We recommend that you read the [Personal Information Charter](#) and the [MOD's Privacy Notice](#) as they provide more detail on how we manage personal data.

PART 5 – What to do Next

Please complete this form as fully and as accurately as possible and return it, with any documentary evidence, to:

Extended Access to Information
 Special Subject Access Request
 ISS Des-CMI-IR OpsSy
 MOD Information Rights Team
 Ground Floor, Zone D
 Ministry of Defence
 Main Building,
 LONDON, SW1A 2HB

or via Email: CIO-DPA@mod.gov.uk

Part 6 – For MOD Use Only

Actioned By: (Name in Capitals)		Date Received		SSAR Reference No:	
Signature:		Date Responded		Date:	

MOD SSAR Form - Notes for completion

1. This form is provided to give you (as a data subject) access to personal information held about you by the MOD in accordance with the provisions of the Data Protection Act 2018.
2. To allow us to assist you, if you are submitting a request for information about any potential hazardous exposure you are concerned that you may have been subject to during your military service or your civilian employment with the MOD, and which may have affected your health, in completing this form please be as specific as you can be, unless you believe it is irrelevant to your request.
3. Please enclose verification of identity as specified at part 4 of this form. Please note all applications not accompanied by verification of identity or relevant consent cannot be processed.
4. If you are seeking information on behalf of someone who is unable to act for themselves you must explain and verify your relationship, explain what information you require and why it is required. Please note that information relating to someone else will not be disclosed without the individual's written consent or an appropriate Court Order.