



Ministry
of Defence

MINISTRY OF DEFENCE

**SPECIAL SUBJECT ACCESS
REQUEST (SSAR) FORM**



Before completing this form, please read the notes at the end.

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
CIO-SPP-IR-Ops-Sy
Ministry of Defence
Main Building,
LONDON, SW1A 2HB

PART I - PERSONAL DETAILS

| | | |
|----|---|--|
| 1. | Surname <i>(please include any former names if relevant to request)</i> | |
| 2. | Full Forenames <i>(please include any former names if relevant to request)</i> | |
| 3. | Date of Birth | |
| 4. | Current Address <i>(please include Postcode)</i> | |
| 5. | Service and/or Civilian Staff Number | |
| 6. | Service and/or MOD Civilian Career - <i>Date of joining</i> - <i>Date of leaving (if appropriate) and Rank or Grade held then or currently)</i> - <i>MOD Branch,</i> | |

| | | |
|--|---|--|
| | <i>Regiment, Corps or specialisation etc.)</i> | |
| 7. | Nature of your Potential Hazardous Exposure | |
| | What Happened? | |
| | When did it occur? | |
| | Where did it happen? | |
| | How did it happen? | |
| | Why were you there (what was your role)? | |
| 8. | Do you know where in the Department, the information you are requesting might be held? | |
| 9. | <p>What, specifically, are you looking for from the Department?</p> <p>(please be as specific as you can be)</p> <p><i>Please continue on a separate sheet, if necessary.</i></p> | |
| PART II - DECLARATION | | |
| <p>To the best of my knowledge, the information I have given on this form is correct.</p> <p>Signed (Signature): _____ Date: _____</p> <p>Name in full (Block Capitals): _____</p> | | |
| A. Request for my own information | | |

I have enclosed proof of identity (photocopy of one of the following – see Note 3):

Passport

Driving Licence

Birth Certificate

B. Request on behalf of someone who is unable to act for themselves, and Part I relates to them.

My relationship to the person in Part 1 (i.e. the “data subject”) is:

(please specify e.g. Doctor/Dentist/Son/Daughter/Father/Mother/Sister/Brother etc.)

Accordingly, I enclose (see Note 4);

a). the individual's written consent to disclosure of the information stipulated in Part I, box 9;

or

b). a Court Order (e.g. Power of Attorney) permitting release of the information stipulated in Part I to the individual named in Part II.

Full address, and daytime telephone number
(in case we need to speak with you to discuss your request)

Address:

Tel:

Notes for completion:

1. This form is provided to give you (as a data subject) access to personal information held about you by the Ministry of Defence in accordance with the provisions of the Data Protection Act 1998.
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 e.g. a photocopy of your Passport or Driving Licence or Birth Certificate.
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.

5. Please note all applications not accompanied by verification of identity cannot be processed.

MOD will use the information provided for the purpose of locating the information requested and it will kept securely for a period of 7 years in case of further enquiries from you. After 7 years has expired, the completed form may be destroyed.

PART III - FOR MOD USE ONLY

Date received:

Date(s) responded: