

Application for CCTV Data Access

Personal Details

Name and address of Applicant:

Name and address of "Data Subject" – i.e. the person whose image is recorded:

If the data subject is not the person making the application, please obtain a signed consent from the data subject opposite:

If it is not possible to obtain the signature of the data subject, please state your reasons:

Please state your reasons for requesting the image:

Date on which the requested image was taken:

Time at which the requested image was taken:

Location of the data subject at time image was taken (i.e. which camera or cameras):

Full description of the individual, or alternatively, attach to this application a range of photographs to enable the data subject to be identified by the operator:

Please indicate whether you (the applicant) will be satisfied by viewing the image only:

A response will be provided as soon as possible and in any event within 30 days.

The Practice may charge a reasonable fee to provide the footage if the request to see a copy of your personal information is deemed unfounded or excessive.

Privacy Consent

This form collects personal and medical information about you. We use this information to allow the practice team to contact you. Please read our Privacy Policy to discover how we protect and manage your submitted data.

I consent to the practice collecting and storing my data from this form.

Signature of the Applicant (Data Subject)

Date of Application

Please submit this form in a sealed envelope, addressed to the Practice Manager, Kingsmead Healthcare, 4 Kingsmead Way, London E9 5QG.