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Dr J M Deasy  
Dr V Patel  
Dr S Dowler  
Dr S Archibong  
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## Subject Access Request

### Timescale

Allow 30 working days for this application to be processed. If you have specific reasons for requiring data by a specific date please give details below:

### Applicant Details

Title (please tick one):	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Title (please state):
Forename(s):		
Surname:		
Date of Birth (dd/mm/yyyy):	...../...../.....	
NHS Number:	.....	

Current Address:		
Postcode		
Telephone No:		
Mobile No:		

### Details of Information Required and any relevant dates

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.....

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### Declaration

I declare that the information given is correct to the best of my knowledge, and I am the person to whom it relates.

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

Signature of Applicant:	Date:
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**Representative Details If different to applicant: i.e. Parent / Guardian of patient under 16 years or person collecting on behalf of above patient**

Name of Representative:	
Address & Postcode:	
Telephone/Mobile No:	
Relationship to applicant:	

**Authority to release information to a Representative**

I hereby give my authority for the representative named above to collect the information requested.	
Signature:	Date:

**THE DOCUMENT(S) SUPPLIED BY THE SURGERY WILL BE THE RESPONSIBILITY OF THE PATIENT/PATIENT'S REPRESENTATIVE AFTER LEAVING THE SURGERY PREMISES.**

**Documents collected by : ..... Patient/Representative (Please circle)**

Date collected: .....

**Office Use Only:**

Patient's proof of ID seen

Representative's proof of ID seen

Proof of ID checked by: