

Data Subject Access Request Form

The General Data Protection Regulation (Regulation (EU) 2016/679) (**GDPR**) gives you the right to access your personal data held by Work & Well-Being Ltd, including the right to obtain confirmation that we process your personal data, receive certain information about what we do with such personal data, and obtain a copy of the personal data we hold about you. We need you to submit this request in writing via post to 17 Osprey Quay, Emsworth PO10 8BZ or via email to info@workandwellbeing.com, after confirming your identity through a form of ID, such as passport, driver's licence etc.

We expect to respond to your request within one month of receipt of a fully completed form and proof of identity. If we are not able to respond to your request within this one month period, we will write to you within this one month period to let you know why we are not able to respond within the month. If this is the case, we will send you our substantive response within three months of your request.

In addition to exercising your access rights, GDPR also grants you the right to:

- Request that your personal data is corrected or deleted.
- Restrict or object to certain types of data processing.
- Make a complaint with the Information Commissioner's Office, which is the UK's supervisory authority for data protection purposes.

For more information on your rights under the GDPR, see please our Privacy Policy at www.workandwellbeing.com/privacy-policy or speak to Dr Bridget Juniper, Director, Work & Well-Being Ltd.

1. Requester Name (Data Subject) and Contact Information

Please provide your information in the space provided below. [If you are making this request on an employee's behalf, you should provide your name and contact information in Section 3.]

We will only use the information you provide on this form to identify you and the personal data you are requesting access to, and to respond to your request.

Please complete as follows:

First and last name: _____

Any other names that you have been known by (including nicknames): _____

Home address: _____

Date of birth: _____

Telephone number: _____

E-mail address: _____

If you are a current or former employee of Work & Well-Being Ltd, please provide us your employee identification number and your approximate dates of employment:

Please provide other unique identifiers or related information to help us locate your personal data (for example, national insurance number):

2. Proof of Data Subject's Identity

We will need proof of your identity before we can respond to your access request. To help us establish your identity, you must provide a form identification that clearly shows your name, date of birth and current address. We accept a photocopy or a scanned image of one of the following as proof of identity: passport or photo identification such as a driver's license, national insurance number card, birth or adoption certificate. If you have changed your name, please provide the relevant documents that show how your name has been changed e.g. marriage certificate.

If you do not have any of these forms of identification available, please contact Dr Bridget Juniper, Director at info@workandwellbeing.com for advice on other acceptable forms of identification.

We may request additional information from you to help confirm your identity and your right to access, and to provide you with the personal data we hold about you. We reserve the right to refuse to act on your request if we are unable to identify you.

3. Requests Made on a Data Subject's Behalf

Please complete this section of the form with your name and contact details if you are acting on an employee's behalf.

First and last name: _____

Home address: _____

Date of birth: _____

Telephone number: _____

E-mail address: _____

We will need proof of your identity and your legal authority to act on behalf of the employee before we can respond to your access request. We accept a photocopy or a scanned image of one of the following as proof of your identity: passport or photo identification such as a driver's license, national identification number card, or birth or adoption certificate. If you do not have any of these forms of identification available, please contact Dr Bridget Juniper at info@workandwellbeing.com for advice on other acceptable forms of identification. We may request additional information from you to help confirm your identity if necessary.

We accept a copy of the following as proof of your legal authority to act on the employee's behalf: a written consent signed by the employee (the data subject), a certified copy of a Power of Attorney, or evidence of parental responsibility.

Please state below the evidence you are enclosing with this form to (a) verify your identity and (b) prove your legal authority to act on behalf of the above named employee:

(a) _____

(b) _____

4. Information Requested

- Recipients or categories of recipients who receive personal data from us.
- How long we store the personal data, or the criteria we use to determine retention periods.
- Information on the personal data's source if we do not collect it directly from you.
- Whether we use automated decision-making, including profiling, the auto-decision logic used, and the consequences of this processing.
- Your right to:
 - request correction or deletion of your personal data;
 - restrict or object to certain types of processing with respect to your personal data; and
 - make a complaint with the local data protection authority.

If the information you request reveals personal data about a third party, we will either seek that individual's consent before responding to your request, or we will take out such third parties' personal data before responding. If we are unable to provide you with access to your personal data for certain reasons such as disclosure adversely affecting the rights and freedoms of third parties, we will notify you of this decision.

Applicable law may allow or require us to refuse to provide you with access to some or all of the personal data that we hold about you, or we may have destroyed, erased, or made your personal data anonymous in accordance with our record retention obligations and practices. If we cannot provide you with access to your personal data, we will inform you of the reasons why, subject to any legal or regulatory restrictions.

5. Signature and Acknowledgement

I, _____, confirm that the information provided on this form is correct and that I am the person whose name appears on this form. I understand that: (1) Work & Well-Being Ltd must confirm proof of identity and may need to contact me again for further information; (2) my request will not be valid until Work & Well-Being Ltd receives all of the required information to process the request; and (3) I am entitled to one free copy of the personal data I have requested, and acknowledge that for any further copies I request, Work & Well-Being Ltd may charge a reasonable fee based on administrative costs.

If you would like to receive a copy of the personal data you are requesting access to, please indicate below whether you would like a hard copy or an electronic copy:

____ Hard copy.

____ Electronic copy.

PLEASE SEND THIS FORM TOGETHER WITH THE NECESSARY PROOF OF IDENTITY TO info@workandwellbeing.com or 17 Osprey Quay, Emsworth, PO10 8BZ FOR THE ATTENTION OF Dr Bridget Juniper

Signature

Date

6. Authorised Person Signature

I, _____, confirm that I am authorised to act on behalf of the data subject. I understand that Work & Well-Being Ltd must confirm my identity and my legal authority to act on the data subject's behalf, and may need to request additional verifying information.

Signature

Date