

AVON VALLEY PRACTICE

DATA PROTECTION ACT

APPLICATION FOR CCTV DATA ACCESS

ALL Sections must be fully completed. Attach a separate sheet if needed.

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	Data Subject signature.....
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.	

On receipt of a fully completed application and the £10 fee, a response will be provided as soon as possible and in any event within 40 days. In the event of a declined application the fee is non-refundable.

PRACTICE USE ONLY	PRACTICE USE ONLY
Access granted (tick)	
Access not granted (tick)	Reason for not granting access:
Data Controller's name:	
Signature:	
Date:	