**Practice Letterhead**

Firearms Licensing Team

Carbrook House

5 Carbrook Hall Road

Sheffield

S9 2EH

**DATE**

Dear **XXXXX**,

Re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your recent communication regarding the above named patient. You have asked me if I have any concerns regarding the issuing of a firearms license to this individual, and you therefore seek my professional opinion.

As I am not part of the licensing authority responsible for this task I am not qualified to guide your decision.

I would be grateful if you make a request for a copy of the patient medical record under a Subject Access Request (SAR) and attach signed patient consent for this. You will then be able to use the patient record to judge whether or not you feel that the patient’s current and past medical history impact upon their right to hold a firearms license.

There is currently no fee for a SAR unless the request is manifestly excessive or unfounded. For your convenience I have attached our SAR form.

Yours faithfully,

**Name**

Appendix 1

|  |
| --- |
| **This form is for any person who wishes to apply for access their own personal data.** **Please read the Subject Access Request Guidance Notes below before completing this form.****A separate form should be completed for each individual.** |

**Subject Access Request Guidance**

This form is designed to assist the process of making a subject access and, as a consequence, may speed the process up; but it is not mandatory, all subject access requests made in other formats will also be processed.

In addition to the right to have access to the information we hold about you, in certain circumstances you also have the right to:

1. object to and restrict the use of your personal information, or to ask to have your data deleted, or corrected ( this will be dealt with by our customer services team).
2. (where you have explicitly consented to the use of your personal data and that is the lawful basis for processing) the right to withdraw your consent to the processing of your data and the right to data portability (where processing is carried out by automated means)

You can use the same process to request access to your information as well as to exercise any of these rights.

**What information will help with the processing of my subject access request?**

If you cannot provide us with satisfactory proof of identity, your application will be rejected and any fee already paid will **not** be returned.

**What information do we hold?**

We hold health related information relevant to the conduct of our function.

**How long will it take to get my data?**

Once we are satisfied that you meet the criteria for disclosure of data under the Data Protection Legislation, and have provided sufficient information for us to confirm your identity and accept your application for processing, you should receive a response within one calendar month from that date.

Records may be held in several different locations in paper and electronic formats. If you only require specific information and you clearly state what that is – for example a specific document or IT-only data – then you are likely to get a quicker disclosure.

**Checklist**

Have you completed all relevant sections of the form?

If you are a representative, has your client signed the authority or provided a separate signed note of authority?

If you are submitting the form yourself, have you signed the form in Section 5?

If you are signing as a parent or guardian of a child under 16, have you provided a photocopy of their full birth certificate, photocopies of any court orders and proof of your parental responsibility?

Have you enclosed two pieces of identification from the lists in Section 3?

Have you signed the declaration in Section 5?

Have you provided as much information as possible to enable us to find the data you require?

|  |
| --- |
| **Please send your completed form, proof of identity to:****Name****Address****Email** |

**Section 1 – Applicant Details**

|  |  |
| --- | --- |
| Title (please tick one): | Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Title (please state): |
| Forename(s): |  |
| Family Name: |  |
| Date of Birth (dd/mm/yyyy): | ……../……./………. Male [ ]  or Female [ ]  |

 **Section 2 – Applicant Details**

|  |  |
| --- | --- |
| Current Address: |  |
|  |
|  |
|  |
| Postcode |  |
| Daytime Telephone No: |  |
| Email Address: |  |

**Section 3 – Proof of the applicant’s identity**

|  |
| --- |
| In order to prove the applicant’s identity, we need to see copies of two pieces of identification, one from list A and one from list B below. Please indicate which ones you are supplying. **Please DO NOT send an original passport, driving licence or identity card** |
| **List A (photocopy of one from below)**  |  | **List B (plus one from below) \*** |  |
| Passport/Travel Document | [ ]  |  |  |
| Photo driving licence  | [ ]  | Utility bill showing current home address | [ ]  |
| Foreign National Identity Card  | [ ]  | Bank statement or Building Society Book  | [ ]  |
| Child under 16 : Full birth certificate | [ ]  |  | [ ]  |
| Child under 16 : Court Order(s) | [ ]  |  | [ ]  |
|  | [ ]  |  | [ ]  |

For a child under 16 years of age please provide photocopies of all Court Orders. Please state if there are none

**Section 4 – Details of Information Required**

Please tick the one of the following boxes to indicated how you would like to access your information

1. [ ]  I would like a copy of a certain part of my health records (please detail below)
2. [ ]  I would like a print out

OR

1. [ ]  I would like to be emailed a digital copy
2. [ ]  I would like a copy of my **full** health records
3. [ ]  I would like a print out

OR

1. [ ]  I would like to be emailed a digital copy
2. [ ]  I would like to view my health records in person, on site

Please use the space below to give us details about the information you are requesting, for example by stating specific documents you require (use extra sheets if necessary):

|  |
| --- |
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**Section 5 – Declaration**

The information which I have supplied in this application is correct, and I am the person to whom it relates or a representative acting on his/her behalf. I understand that the Her Majesty’s Passport Office may need to obtain further information from me/my representative in order to comply with this request.

|  |  |
| --- | --- |
| Signature of Applicant: | Date: |

**Section 6 – Representative Details**

(If completed we will reply to the address you provide in this section)

|  |  |
| --- | --- |
| Name of Representative: |  |
| Company Name: |  |
| Address & Postcode: |  |
|  |
|  |
|  |
| Daytime Telephone No: |  |
| Email Address: |  |

**Section 7 – Proof of the Representative’s identity**

|  |
| --- |
| Please provide copies of two pieces of identification, one from list A and one from list B below and indicate which ones you are supplying. **Please DO NOT send an original passport, driving licence or identity card** |
| **List A (photocopy of one from below)**  |  | **List B (plus one from below)**  |  |
| Passport/Travel Document | [ ]  |  |  |
| Photo driving licence | [ ]  | Utility bill showing current home address | [ ]  |
| Foreign National Identity Card | [ ]  | Bank statement or Building Society Book  | [ ]  |
|  | [ ]  |  | [ ]  |
|  | [ ]  |  | [ ]  |

**Section 8 – Authority to release information to a Representative**

A representative needs to obtain authority from the applicant before personal data can be released. The representative should obtain the applicant’s signature below, or provide a separate note of authority.

This must be an original signature, not a photocopy (tip: using blue ink often helps verification).

If the applicant is signing as the guardian of a child under 13, proof of legal guardianship must also be provided.

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| I hereby give my authority for the representative named in Section 3 of this form to make a Subject Access Request on my behalf under Data Protection Legislation.  |
| Signature of Applicant: | Date: |
| Signature of Representative: | Date: |