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| 5. | Declaration |
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I declare that information given by me is correct to the best of my knowledge

Please select one box below:

- I am the patient/client/staff member (data subject).
- I have been asked to act on behalf of the data subject and they have completed section 4 -authorisation above.
- I am acting on behalf of the data subject who is unable to complete the authorisation section above (Covering letter with further details supplied).
- I am the parent/guardian of a data subject under 16 years old who has completed the authorisation section above. (Please include proof such as birth certificate)
- I am the parent/guardian of a data subject under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf.
- I have been appointed the Guardian for the patient/client, who is over age 16 under a Guardianship order (attached).
- I am the deceased patient/client's personal representative and attach confirmation of my appointment.

Please Note:

- If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.
- It may be necessary to provide evidence of identity (i.e. Driving Licence).
- If there is any doubt about the applicant's identity or entitlement, information will not be amended until further evidence is provided. You will be informed if this is the case.

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|-------------------|--|---------------------------|--|-------------|-----|
| Print Name | | Signed (Applicant) | | Date | / / |
|-------------------|--|---------------------------|--|-------------|-----|

Please complete and send this document to:

New Court Surgery, Borough Fields, Royal Wootton Bassett, Wiltshire, SN4 7AX

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| For office use only: | |
| Received: | Date: |
| Form checked for completeness | Name: |
| Request logged | Ref No: |
| Acknowledgement letter sent to patient | Date: |
| Approved for amendment by GP/Health Professional | Name: |
| | Date: |
| Approved by Calidcott Guardian | Date: |
| Information amended | Date: |
| Form passed for scanning | Date: |