

Subject access request

If you require a Subject Access Request (SAR) for information, you should provide:

- A written request using the “**Subject Access Request Form**” on the next page and sending it by email to: info@escp.eu.com or by post to: The European Society of Coloproctology; The Coach House, 7 St. Alban’s Road, Edinburgh, EH9 2PA, UK.
- Copies of two piece of official identification (passport, driver’s licence, bank statement, utility bill, etc)
- As much information as possible about the records that you require

Individuals are entitled to be:

- * Advised whether any personal data is being processed
- * Provided with a description of the personal data, the reasons it is being processed, and whether it will be given to any other organisations
- * Provided a copy of the personal data on file
- * Provided details of the source of the data (where this is available)

Please send your completed Subject Access Request (SAR) form with a copy of photograph identification to:

The European Society of Coloproctology

Attn: “Subject Access Request department”

The Coach House

7 St. Alban’s Road,

Edinburgh

EH9 2PA

UK

ESCP will acknowledge your request in writing, provide you with a reference number regarding your SAR and respond within one month of receiving the SAR.

Please be aware that ESCP does not hold personal information indefinitely. It might be that some information has been destroyed in line with our Data Retention policies.

The first Data Subject Access Request is provided free of charge, however further request may incur a fee based on administrative costs

Subject access request form

It is suggested you use this. Please complete this form when making a subject access request (SAR) in order to provide us with sufficient information to efficiently process your application.

Title:	Date of birth: (day/month/year)
First name:	
Any other names that you are known by that may assist in the search:	
Family name / Surname:	
Daytime telephone number:	
Email address:	
Current address:	
Postcode:	
Last ESCP event attended:	
City:	Status (delegate, speaker, sponsor, etc.):
Records requested: (please provide us with details of which data / information you required from us)	

Proof of Identity

To help us establish your identity your application must be accompanied by **two** pieces of identification that between them clearly show your name, date of birth and current address.

Please enclose a copy of one of the following as proof of identity: passport or photocard driving licence, birth or adoption certificate and a copy of a bank statement or utility bill dated within the last three months.

This is to ensure that we are only sending information to the data subject and not to a third party. If none of these are available, please contact us to:

info@escp.eu.com

for advice on other acceptable forms of identification.

I, _____, confirm that the information provided on this form is correct and that I am the data subject whose name appears on this form. I understand that the European Society of Coloproctology must confirm proof of identity and that it may be necessary to contact me again for further information to locate the personal data I want. I also understand that my request will not be valid until all of the information requested is received by the European Society of Coloproctology.

Please signed this form:

Date:
(day/month/year)

Your full name in block capitals:

For ESCP use only:

Date of acknowledged / received:

Date of response:

Responsible: