

# TRANSFORM

Cosmetic Surgery

## Data Subject Access Request Form

We ask that you complete this form to help us deal with your request as efficiently as possible.

You are under no obligation to complete this form, you can alternatively write to us at:  
Subject Access Request, Governance and Compliance Team, The Pines Hospital, 192 Altrincham Rd,  
Wythenshawe, Manchester M22 4RZ.

Please email your completed Subject Access Request form to the email address:

[governanceand.compliance@transform.com](mailto:governanceand.compliance@transform.com)

This form must immediately be forwarded to the Company Secretary.

### 1 Employee / Data Subjects Details

<b>Title</b>	
<b>First name</b>	
<b>Surname</b>	
<b>Current address</b>	
<b>Previous address</b>	
<b>Telephone number:</b>	
<b>Email address</b>	
<b>Date of birth</b>	
<b>Identification provided to confirm identity of Employee or Data Subject</b>	
<b>Details of data requested:</b>	

**2 DETAILS OF PERSON REQUESTING THE INFORMATION  
(if not the data subject):**

Are you acting on behalf of the data subject with their written or other legal authority?	
If 'Yes' please state your relationship with the data subject (e.g. parent, legal guardian or solicitor, accountant)	
<b>Please enclose letter of authority or evidence you are legally authorised to obtain this information.</b>	
<b>Title</b>	
<b>First name</b>	
<b>Surname</b>	
<b>Address</b>	
<b>Telephone number:</b>	
<b>Email address</b>	

**DECLARATION**

I, ....., the undersigned and the person identified above, in section 1 hereby request that Transform Cosmetic Surgery Group provide me with the data about me identified above.

Signature:

Date:

SAR form completed by:

I, ....., the undersigned and the person identified in section 2 above, hereby request that Transform Cosmetic Surgery Group provide me with the data about the data subject identified in (1) above.

Signature:

Date:

SAR form completed by: