

|  |  |
| --- | --- |
| **OFFICIAL [PUBLIC]** | |
|  | |
| **Form DAT3: APPLICATION TO REQUEST AMENDMENTS TO PERSONAL DATA HELD ON THE**  **POLICE SERVICE OF NORTHERN IRELAND INFORMATION SYSTEMS** | |
|  | |
| This form is not to be used in relation to subject access (requesting information about you) or requests for deletion of Biometric Data. To submit a subject access request complete the DAT1 found on the ‘Making a subject access request’ part of our website. If your request is for deletion of Biometric data please email: [BiometricRequests@PSNI.police.uk](mailto:BiometricRequests@PSNI.police.uk) or by post to:  Biometric Unit  Identification Unit  PSNI Seapark, 151 Belfast Road  Carrickfergus, BT38 8PL  **Requests for amendment**  Under data protection legislation, an individual has a number of rights in relation to their personal data. These rights are noted below and further information is available on PSNI’s privacy notice and the website of the Information Commissioner’s Office (www.ico.org.uk).   * Right to rectification; * Right to erasure; * Right to restriction; * Right to data portability; * Right to object; * Right not to be subject to automated processing.   **Requests for erasure of criminal history**  Please note that in order to discharge our statutory obligations, the Police Service retain individual criminal history information for 100 years from a person’s date of birth. PSNI will only consider amending personal data in relation to your criminal history in exceptional circumstances, for example inaccurate information attributed to the wrong individual, the court outcome is recorded incorrectly or the misspelling of a person’s name.    There will be occasions when PSNI is required to restrict the rights offered to individuals under the data protection legislation to protect our law enforcement functions PSNI's response letter to yourself will detail, where possible, the reasons for complying with or not complying with your request | |
|  | |
| **Right to be Informed**  The information supplied in connection with this application is deemed necessary for confirming the correct identity of a person on PSNI systems and will be used for the purpose of administering this request. In order to answer the request, it is necessary that the Corporate Information Unit share relevant personal data with other business areas within the PSNI. This information will not be shared externally (with the exception of the Information Commissioner if a complaint is made). Information provided in the application and any personal data processed as a result of this request will be retained by the Corporate Information Unit for two years following the most recent entry to the request file. Data may be held in electronic, paper format or both. Appropriate technical and security measures are in place to ensure that the data is kept safe and secure during the retention period. Once this time period has elapsed the data will be disposed of in line with PSNI's retention and disposal schedule. Please Note: this data does not refer to the original copies held by relevant business areas, which process the data for their own purposes and in line with their own retention period. | **Office Use Only - Date**  **Stamp** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: About Yourself (Please use block capitals and black ink)** | | | | | | | | |
|  | | | | | | | | |
| *The information sought in both Section 1 and 2 is required by PSNI for the purpose of retrieving a correct and complete picture of what information PSNI hold in relation to the individual requesting access to their personal data.* | | | | | | | | |
|  | | | | | | | | |
| Title: (Mr, Mrs, Miss,  Ms, Dr, Rev, etc.) |  | | | | Surname/  Family Name: | |  | |
|  | | | | | | | | |
| First Name(s): |  | | | | | | | |
|  | | | | | | | | |
| Maiden/Former Name(s): | |  | | | | | Gender: |  |
|  | | | | | | | | |
| Date of Birth: |  | | | Place of Birth: (Town & County/Country) | | |  | |
|  | | | | | | | | |
| Current Address: (to include Postcode) This is the address to which all replies will be sent, unless you specify otherwise. | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| \*Contact Phone Number: | | |  | | | | | |
|  | | | | | | | | |
| Email Address: (if information is to be returned electronically) | | | | | |  | | |
|  | | | | | | | | |
| *\*Not mandatory, but this will assist us if we need to get back in touch with you to discuss your application.* | | | | | | | | |
|  | | | | | | | | |
| **Previous Addresses**  If you have lived at your current address for less than 10 years please record your previous addresses for that period below. If you have any convictions more than 10 years old, please provide any other previous addresses. Continue on a separate sheet if you need to. | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **Section 2: Request for amendment** | | | | | | | | |
|  | | | | | | | | |
| In this section please detail under which right you would like PSNI to review your personal data. In order for PSNI to process your request as efficiently as possible please include as much detail as possible. If the PSNI is unable to ascertain what information you are referring to you may be asked to provide further clarification, thus delaying the process.  Areas to consider include:   * Dates; * PSNI Reference numbers; * Location of any occurrences to which you are referring; * Nature of your involvement with PSNI; * Details of the personal data you have provided to PSNI or believe the PSNI hold that requires review. * What you are asking PSNI to amend or erase | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
|  | | | | | | | |
| **Section 3: Proof of Identity Documents** | | | | | | | |
|  | | | | | | | |
| Data protection legislation allows PSNI to take all reasonable measures in order to identify you correctly. To help establish your identity, your application must be accompanied by copies of at least two official documents, which between them should clearly show your name, current address and date of birth (e.g. Driving Licence, Passport, Medical Card, Birth/Adoption Certificate, Bank Statement, or Utility Bill). It is advised that you send photocopies of original documents. PSNI can only supply your personal data to you. Should you be making an application on behalf of any other person (third party, including legal representatives), please ensure you enclose an original letter of authorisation from that individual (the person who the information is about). Please also ensure that this individual has signed the DAT3 form and provided their identification documents | | | | | | | |
|  | | | | | | | |
| **Section 4: Declaration** | | | | | | | |
|  | | | | | | | |
| **The information which I have supplied in this application is correct and I am the person to whom it relates. I understand that if I am providing my signature electronically, it is legally enforceable.** | | | | | | | |
|  | | | | | | | |
| Signature: | |  | | | | Date: |  |
|  | | | | | | | |
| *Warning - a person who impersonates another or attempts to impersonate another may be guilty of an offence.* | | | | | | | |
|  | | | | | | | |
| **Section 5: Submission of Form and Contact Details** | | | | | | | |
|  | | | | | | | |
| **An individual may choose to submit this form electronically or by post. This form should be returned to and/or any further assistance sought from the following address:** | | | | | | | |
|  | | | | | | | |
| Operations Support Department, Staff office, PSNI HQ, 65 Knock Road , Belfast, BT5 6LE  Email: [Enhancedrightsrequests@psni.police.uk](mailto:Enhancedrightsrequests@psni.police.uk) | | | | | | | |
|  | Please tick here if you would like your information returned by post to the address noted in Section 1 | | | | | | |
|  | Please tick here if you would like your information sent to the email address noted in Section 1. Please note that if you ask for the information to be emailed to yourself, the PSNI cannot be responsible for the security of the information once it leaves PSNI systems and will not be able to email your personal information to an unsecure email address. | | | | | | |
|  | | | | | | | |
| **For Office Use Only - To be completed by the Operations Support Department Staff Office:** | | | | | | | |
|  | | | | | | | |
| Receipted by: Name | | |  | | Receipt Number: | |  |
|  | | | | | | | |
| How the identity of the requester has been confirmed: | | | |  | | | |