

Main Surgery
 2 Church Avenue,
 Sidcup, Kent,
 DA14 6BU
 Tel: 020 8302 1114
sidcupmedical@nhs.net

Branch Surgery
 231 Burnt Oak Lane,
 Sidcup, Kent,
 DA15 9BQ
 Tel: 020 8300 2747

Branch Surgery
 63 Thanet Road
 Bexley, Kent,
 DA5 1AP
 Tel: 01322 528221

Branch Surgery
 19 Crook Log
 Bexleyheath, Kent,
 DA6 8DZ
 Tel: 0208 304 6972

Branch Surgery
 69 Station Road
 Sidcup, Kent,
 DA15 7DS
 Tel: 020 8308 4444

GP Partners
 Dr Sid Deshmukh
 Dr Sunil Roy
 Dr Shraddha Karkare
 Dr Sonia Khanna
 Dr Britta Knigge

GPs
 Dr Ebenezer Timeyin
 Dr Sugandhi Ramu
 Dr Hedwig Hanson
 Dr Safira Tazeen
 Dr R Muthukaluvan
 Dr Rashmikant Dave
 Dr Syed Rahman
 Dr Jagdeva Mehet
 Dr Vanessa Salih

GPs
 Dr Sheetal Shetty
 Dr Rashmi Goel
 Dr M Thavapalan
 Dr S Ganjewar
 Dr Sujoy Chaudhuri
 Dr Helen Clayton
 Dr Rashmikant Dave
 Dr Howard Tjendra
 Dr Naana Smart

Nurse Practitioners
 Linda Wilson
 Jillian Kemp
 Sharon Ciel
 Sue Britchfield
 Kritan Sepersad
 Kala Marisaleen
 Sophie Smith

Application form – Individual’s rights under the Data Protection Act 2018/General Data Protection Regulations (GDPR)

Personal information provided by you on this form is required to enable your request to be appropriately processed. This personal information will only be used in connection with the processing of this individual’s rights request

GP Practice use only	
Date individual rights form received:	
Date identification verified:	
Staff Member verifying Identity:	
Supporting evidence obtained: (if needed – please attach to form)	

Please note: Proof of identity will be required when submitting an individual’s rights request

Section 1: Patient details (to be completed in all cases)

Last name:		Maiden name:	
First name:		Title (i.e. Mr, Mrs, Ms, Dr)	
Date of birth:		Address:	
Telephone number			
NHS number (if known)		Postcode:	

Section 2: Under the General Data Protection Regulations 2018, I wish to request to exercise my individual rights as follows:

Please tick as appropriate

To request personal information to be rectified	
To request an erasure of personal data	
To request an objection to processing	

Section 3:

Details - Please provide details of the information you believe to be inaccurate, requires rectified or the reasons for objection below:

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Evidence information – In order to review your request made under your individual rights (GDPR), the GP practice will require further explanation and/or evidence to support any changes.

Please provide details and a list of evidence provided. Please continue on separate sheet, and / or attach evidence as required.

You must attach relevant documents as proof of correct information e.g. where a date of birth is incorrect, please provide us with a copy of the official State Birth Certificate. Or evidence to support any other request under the terms of the General Data Protection Regulations.

Please note that your right to request rectification/deletion is not absolute and may be declined by Sidcup Medical Centre in certain cases.

The GP practice may need to contact you to discuss your request. The information you provide us on this form and as evidence of your request will be handled in strict confidence. Further information on how our GP practice handles personal information can be found on our website;

<https://www.sidcupmedicalcentre.co.uk/info.aspx?p=20>

Please tick as appropriate	
• I am the person named in section 1 above.	<input type="checkbox"/>
• I have been asked to act on behalf of the individual and attach the person's written consent.	<input type="checkbox"/>
• I have full parental/guardian responsibility for the individual and the person is under the age of 18 and;	<input type="checkbox"/>
○ Has consented to my making this request	<input type="checkbox"/>
○ Is incapable of understanding the request	<input type="checkbox"/>
• I have Lasting Power of Attorney for the individual and;	<input type="checkbox"/>
○ attach a registered copy of the LPA, or	<input type="checkbox"/>
○ provide an LPA summary access code:	<input type="checkbox"/>
• I am a Court Appointed Deputy for the individual, and attach a certified copy of the court order.	<input type="checkbox"/>
Name:	
Signature:	
Date:	

IDENTIFICATION IF UNABLE TO ATTEND SIDCUP MEDICAL CENTRE

We only require photocopies of identification documents:

- **One form of photo personal ID**

AND

- **One proof of current home address**

Acceptable Photo Personal Identity Documents:

- Current UK (Channel Islands, Isle of Man or Irish) passport or EU/other nationalities passports
- Passports of non-EU nationals, a visa or a UK residence permit showing the immigration status of the holder in the UK
- Current UK (or EU/other nationalities) Photo-card Driving Licence (providing that the person checking is confident that non-UK Photo-card Driving Licences are genuine)
- A national ID card and/or other valid documentation relating to immigration status and permission to work

To confirm address, the following documents are acceptable:

- Recent utility bill or a certificate from a supplier of utilities (Telephone (landline phone), Water, Electricity or Gas) confirming the arrangement to pay for the services on pre-payment terms (note: mobile telephone bills will not be accepted). Utility bills in joint names are permissible.
- Local authority council tax bill for the current council tax year
- Current Full UK photo card driving licence (if not already presented as a personal ID document)
- Bank, building society or credit union statement or passbook containing current address
- Most recent mortgage statement from a recognised lender *
- Current local Council tenancy agreement
- Current Private tenancy agreement
- Current benefit book or card or original notification letter from Department of Work and Pensions (DWP) confirming the rights to benefit
- Confirmation from an electoral register search that a person of that name lives at the claimed address *
- Court Order *
- Parental Court Order *
- HMRC self-assessment letters or tax demands dated within the current financial year

* The date on these documents must be within the last 6 months (unless there is a good reason for it not to be e.g. clear evidence that the person was not living in the UK for 6 months or more) and they must contain the name and address of the applicant.

Documents we will not accept include, but are not limited to:

- Provisional driving license
- Mobile phone bills
- Credit or store card statements

Please also note that this is not an exhaustive list and all cases are considered on a case by case basis therefore, it is important that you provide supporting information/documentation (if you are able) to support your application and reasons why you are unable to provide the standard identity documents. This will also allow us to process your application effectively and avoid any delays.