



LISTENING EAR

someone to talk to

SUBJECT ACCESS AND CORRECTION REQUEST FORM

Name	
Address	
Telephone number	
Mobile number	
Email address	
I request a copy of my personal data	<input type="checkbox"/>
I request corrections to my personal data	<input type="checkbox"/>
I withdraw consent for the processing of my personal data	<input type="checkbox"/>
I request the deletion of my personal data (allowable only under certain circumstances)	<input type="checkbox"/>
I enclose proof of my identity	<input type="checkbox"/>
The reason for my request is...	
I have viewed and accept Listening Ear's Privacy Notice - downloadable from https://listening-ear.co.uk/privacy-notice	<input type="checkbox"/>
Signed	