

Application for CCTV Data Access

Section 1: Personal Details

Applicants Details			
Full Name		DOB	
Address			
Tel No:		Email:	

Details of Patient (If different from above)			
Full Name		DOB	
Address			
Consent obtained		Consent Attached	

Section 2: Request Details

Image Specifics	
Date of Request	
Reason / Specific incident requesting the image for	
Date image required from	
Time period for image	
Location of camera	
Description of who / what may be in the image	

On receipt of a fully completed application a response will be provided as soon as possible and in any event within 20 working days.

Practice Use Only – Request Outcome			
Request Granted		Request Refused	
Reviewed By		Date Reviewed	
Comments / Refusal Reason			
Identity Verified		Date Verified	

Practice Use Only – Request Granted						
Proof of ID Provided	Photo DL		Passport		Other (list)	
Identity Verified By			Date Verified			