DATA ERASURE FORM

1.0   Introduction

1.1   In compliance with The General Data Protection Regulations the Charity is required to ensure that, if requested, individuals have the right to request their personal data and supplementary information is erased.

1.2   Individuals have a right of access which allows them to be aware of and verify the lawfulness of the processing

1.3   Individuals have a right to request the information and data held on them prior to requesting erasure of the data.

1.4   Individuals can submit a Data Erasure Request as outlined within this document.

2.0   Definitions

2.1   In this policy, "we", "us" and "our" refer to WMSAR.

2.2   Data Protection Officer refers to a member who, from time to time, may be nominated to the position by the Trustees to fulfil the duties as determined by the Regulations. If no specific person is nominated the duties will revert to the Trustees.

2.3   The tasking authority is relevant statutory body, typically a UK Police Authority, requesting the services of the charity for the purposes of searching for, tracking, finding and removing to a place of safety a missing or vulnerable person(s) including the processing of data to provide statistical information on their possible track and location.

3.0   Purpose

3.1   WMSAR is obliged under the General Data Protection Regulations to have in place a framework designed to ensure the security of all personal data during its lifecycle, including clear lines of responsibility.

3.2   This Policy sets out the procedure to be followed to ensure a consistent and effective approach is in place for managing data and ensuring its removal from systems across WMSAR.

4.0   Information

4.1   The GDPR clarifies that the reason for allowing individuals to erase their personal data is so that they are no longer recorded, tracked or contacted by the Charity.

4.2   Data erasure must be completed free of charge.

4.3   Information must be deleted or erased without delay and at the latest within one month of receipt of request.

4.4   Where requests are manifestly unfounded or are repetitive, we can refuse to respond.

4.5   Where we refuse to respond to a request, we will explain why to the individual, informing them of their right to complain to the supervisory authority and to a judicial remedy without undue delay and at the latest within one month.

4.6   We have to verify the identity of the person making the request, using 'reasonable means'.

4.7   If the request is made electronically, the individual should provide the information in a commonly used electronic format.

4.8   We are unable to provide remote access to a secure self-service system to provide the individual with direct access to his or her information; other than to team systems where the individual has an authorised login account.

5.0   Procedure

5.1   Please use this form to submit an erasure request to us.

5.2   Please return your form in an envelope, together with any fee, marked PRIVATE AND CONFIDENTIAL, and addressed to West Mercia Search and Rescue, c/o RCF, Park Lane East, Tipton, DY4 8RF

Instructions: please complete in black ink and BLOCK CAPITALS	
Details of individual whose information is to be removed	
Full Name:	
Existing relationship with us	*(if any e.g. member, supporter, supplier)*
Full postal address:	
Contact telephone:	
Email address:	*(insert this if you are acting on your own behalf and you wish us to email the requested information to you)*

Details of person (if any) acting on behalf of the individual whose information is to be removed			
Title:	*(Mr, Mrs, Ms, Miss, DR etc)*	Date of Birth:	*(DD/MM/YYYY)*
First Name(s):			
Last Name:			
Postal address:			
Email address			
Contact telephone:			
Existing relationship, if any:			
Person acting in official capacity:	*(insert firm/organisation name)*		

The information you wish to have removed:
Please state the information which you require deleting, providing as much information as you can to enable us to locate the information (providing dates where appropriate). Please note that you are only entitled to delete your <u>own </u>information under the FRegulations:
FORMAT FOR RETURN OF INFORMATION: [ ] EMAIL OR [ ] [PAPER COPIES

Declaration (to be signed where you are making the request on your own behalf) I confirm my right to have information I have requested deleted. I have enclosed the identification information required in support of my request and I have enclosed the processing fee.	Signed……………………………………	Date……………………
Third Party Declaration To be completed where a representative has been appointed and is acting on behalf of the individual whose information is requested for deletion e.g a lawyer or other authorised third party, Court of Protection deputy or attorney (acting under an appropriate power of attorney). I confirm my right to delete the information I have requested. I have enclosed the identification information required in support of this request.	Signed……………………………………	Date…………….………

Evidence of identity
Please note that where you are making the request on your own behalf you will need to attach certified copies of your identity [INSERT ORGANISATION'S REQUIREMENTS HERE E.G. COPY OF PASSPORT, PHOTO DRIVING LICENCE, RECENT UTILITY BILL ETC.]

Third party evidence of authorisation
Please note that you must attach to this form evidence of your legal authorisation to make this request on behalf of the individual concerned e.g. original signed letter from the requester or other legal authority including original/certified copy of power of attorney/Court of Protection deputyship order. In addition, we will require evidence of your own identity [INSERT ORGANISATION REQUIREMENT AS ABOVE].

Checklist for requester:	
All relevant sections of the form are complete	
Form signed and dated by requester or by his/her representative	
Original/certified copy of ID of requester	
Original/certified copy of ID of requester's representative	
Original/certified copy of authorisation document of requester's representative	
Office Use Only:	
Date of Request	
Date Received	
Note: actions required	
ID of requester verified	
ID of representative verified	
Validated by………………………………	
Deletion entered onto Log	