



Subject access request form

This form is to be used by individuals who wish to request what information, if any, NEBOSH is holding or processing that relates to them.

SECTION 1: Your details

Please complete all sections to allow NEBOSH to locate your details. If you are a third party requesting information on behalf of an individual, please complete the individual's details in section 1 and your details in section 2.

Learner number	
Title (Mr, Mrs, Miss, Mx, Ms, Prof, Dr...)	
First name	
Middle name(s)	
Surname/family name	
Full address (including country and post code/zipcode)	
Email	
Telephone number	

Date of birth (dd/mm/yyyy)	
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Have you changed your address since your last contact with NEBOSH? *If yes, please provide your previous address details below.*

Full address (including country and post code/zipcode)	
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Are you requesting details on behalf of someone else?

(please check the appropriate box)

- NO please supply photocopied evidence of your identity, ie driving licence, passport. Go to Section 3
- YES please enclose written authority, photocopied evidence of the person's identity. Go to Section 2.

SECTION 2: If you are requesting information on behalf of another party please complete your details below:

Title (Mr, Mrs, Miss, Mx, Ms, Prof, Dr...)	
First name	
Middle name(s)	
Surname/family name	
Full address (including country and post code/zipcode)	
Telephone number	
email	

Your relationship to person named in Section 1	
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What information do you require?

SECTION 3: What relationship do you have with NEBOSH?

NEBOSH will search our databases dependant on your previous relationships with NEBOSH. Please check the qualifications that you have previously studied.

Qualification	<input checked="" type="checkbox"/>	Date achieved
NEBOSH Health and Safety and Work Award	<input type="checkbox"/>	
NEBOSH HSE Introduction to Incident Investigation	<input type="checkbox"/>	
NEBOSH HSE Award in Managing Risks and Risk Assessment at Work	<input type="checkbox"/>	
NEBOSH Environment Awareness at Work Qualification	<input type="checkbox"/>	
NEBOSH Working with Wellbeing	<input type="checkbox"/>	
NEBOSH International General Certificate in Occupational Health and Safety	<input type="checkbox"/>	
NEBOSH National General Certificate in Occupational Health and Safety	<input type="checkbox"/>	
NEBOSH Health and Safety Management for Construction (UK)	<input type="checkbox"/>	
NEBOSH Health and Safety Management for Construction (International)	<input type="checkbox"/>	
NEBOSH IIRSM Certificate in Managing Risk	<input type="checkbox"/>	
NEBOSH HSE Certificate in Process Safety Management	<input type="checkbox"/>	
NEBOSH HSE Certificate in Health and Safety Leadership Excellence	<input type="checkbox"/>	
NEBOSH International Technical Certificate in Oil and Gas Operational Safety	<input type="checkbox"/>	
NEBOSH Environmental Management Certificate	<input type="checkbox"/>	
NEBOSH Certificate in Fire Safety	<input type="checkbox"/>	
NEBOSH HSE Certificate in Manual Handling Risk Assessment	<input type="checkbox"/>	
NEBOSH National Diploma for Occupational Health and Safety Management Professionals	<input type="checkbox"/>	
NEBOSH International Diploma for Occupational Health and Safety Management Professionals	<input type="checkbox"/>	

Qualification	<input checked="" type="checkbox"/>	Date achieved
NEBOSH National Diploma in Environmental Management	<input type="checkbox"/>	
NEBOSH International Diploma in Environmental Management	<input type="checkbox"/>	
Previous NEBOSH Diploma	<input type="checkbox"/>	
Other (Please state):	<input type="checkbox"/>	

Are you a previous employee?	<input type="checkbox"/> Yes* <input type="checkbox"/> No		
* If yes, please what dates did you work for NEBOSH? (dd/mm/yyyy)	From		To

Have you had any other contact with NEBOSH?
<input type="checkbox"/> Yes* <input type="checkbox"/> No
* If yes, please provide a brief description, eg Learning Partner, Examiner, etc.

SECTION 4: Declaration

I certify that the information given on this application form to NEBOSH is true. I understand that it is necessary for NEBOSH to confirm my/the data subject's identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signed: Date:

Checklist: have you enclosed the following...?

- Evidence of your identity, ie passport, driving licence.
- Evidence of the data subject's consent and identity to disclose to a third party.
- Stamped addressed envelope for return of proof of identity/authority documents, where appropriate.

Application notes

1. All sections of this form must be completed in full (unless otherwise noted within the form).
2. You may only use one form per subject access request.
3. Completed forms should be emailed to info@nebosh.org.uk.
4. Please allow **30 calendar days** for the processing of the subject access request.