



Data Protection Manager
 IT Governance – G-SW
 Virgin Atlantic Airways Ltd
 The Office
 Manor Royal
 Crawley RH10 9NU

DATA PROTECTION ACT 1998 CONSENT TO DISCLOSE PERSONAL & SENSITIVE PERSONAL DATA

Applicant or Employee Name:

Applicant Reference Number/
 Payroll Number (Permanent
 Employees)/National Insurance
 Number (Non-Permanent
 Employees): Application Date:

I, the Applicant/Employee, request the following information or, provide my explicit consent for Virgin Atlantic Airways (VAA) to disclose the information below to (Third Party) .

Employee or Applicant Name:	Third Party Name (If applicable)
Address:	Address
Post Code	Post Code

INFORMATION REQUESTED

Please tick all boxes that apply:

Copy of references	<input type="checkbox"/>
Employee personnel file (<i>Virgin Atlantic Airways' definition of Personnel File includes information pertaining to the Human Resources function and includes Personnel, Recruitment, Payroll and Compensation and Benefits. Requirements for Occupational Health and Training information must be requested explicitly.</i>)	<input type="checkbox"/>
Employee occupational health records	<input type="checkbox"/>
Rosters	<input type="checkbox"/>
Other data source (Please specify)	<input type="checkbox"/>

Please tick box to confirm you have enclosed your £10 cheque or postal order and photocopied identification with this form .

Please print your full name here:

Please sign your full name here:

Please enter today's date here:

** Please note that under the Data Protection Act Virgin Atlantic Airways are allowed 40 days from receipt to process your request

** To comply with the Data Protection Act we are required to redact (withhold) certain information from the documents we send out