**Data Subject Access Request Form**

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting access to your data and responding to your request. You are not obliged to complete this form to make a request, but doing so will make it easier for us to process your request quickly.

Request for a copy of personal data [note verbal requests will be accepted]

Data Protection Acts 1988-2018

Important: We may require proof of the applicant’s identity (e.g. passport or driver’s license) and address (e.g. utility bill) to ensure that the person making the access request is acting legitimately.

|  |
| --- |
| **Section A – please complete this section**  **Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Postal**  **Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Telephone / email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*we may need to contact you to discuss your Access Request |

|  |
| --- |
| **Section B – please complete this section**  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name) wish to have access to data that I believe the Service retains on me as outlined below (please include the name of service(s) and any other relevant details to your access request)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please tick the appropriate box and read the instructions which follow it.

|  |  |
| --- | --- |
|  | I am the data subject. I enclose proof of my identity. |
|  | I am acting on behalf of the data subject. I have enclosed the data subject’s written authority and proof of the data subject’s identity and my own identity |

|  |
| --- |
| **Checklist: Have you: Yes No** |
| 1. Completed the Access Request Form in full? □ □ |
| 1. Attached a photocopy of proof of your identity and address if required? □ □ |
| 1. Signed and dated the Access Request? □ □ |
| 1. Assign an internal reference number? □ □ |

*(Please return this form to: Data Protection Officer, LauraLynn, Ireland’s Children’s Hospice, the Children’s Sunshine Home, Leopardstown Road, Foxrock, Dublin 18.* [*DPO@lauralynn.ie*](mailto:DPO@lauralynn.ie) *If you are not satisfied with the outcome of your rectification request you are entitled to make a complaint to the Data Protection Commission who may investigate the matter for you.)*

Signed (Print Name): Date:

Signature: