

ACCESS REQUEST FORM

PLEASE NOTE: This form should not be used by individual's seeking information or certification regarding security clearance and/or criminal records held in Ireland.

Request for a copy of Personal Data under section 4 of Data Protection Acts 1998 and 2003 Data Protection Act 1988 and Data Protection (Amendment) Act 2003 and General Data Protection Regulations (GDPR).

Section A - please complete this section

Full name:

Postal address:

Telephone/email*:

(Include area code)

* we may need to contact you to discuss your Access Request

Section B - please complete this section

I, _____ [insert name] wish to have access in accordance with section 4 (please include the name of service(s) and any account / reference number relevant to your access request. If you require extra space, please attach and sign an additional sheet of paper with these details).

Signed:

Date:



- | | Yes | No |
|---|-----|----|
| Have you: | | |
| 1.) Completed, signed and dated the Access Request Form? | | |
| 2.) Attached a photocopy of proof of your identity and address? | | |

If you have ticked 'No' to any question above (except question 1) we regret that we may not provide you with data requested. The use of this form is not mandatory. However completing this form should enable us to process your request more efficiently.

Please return this form to:

Data Protection Officer, HealthSectorTalent, Unit 13 Keypoint, Rosemount Business Park, Dublin 11. D11 E0XK

NOTE: we require proof of the applicant's identity and address to ensure that the person making this access request is acting legitimately

Office use only: