

Access Request Form: Request for a copy of Personal Data

Data Protection Act 1988 and Data Protection (Amendment) Act 2003

NB: A fee of €6.35, a photocopy of your proof of identity (e.g. passport or driver's licence) and a photocopy of proof of address (e.g. utility bill) must accompany this Access Request Form (see below).

Section A - please complete this section

Full Name.....

Postal address

.....
.....
.....

Telephone/e-mail*

.....(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 to data that I believe Communicare Healthcare retains on me as outlined below (please include the name of service(s) and any account / reference number relevant to your access request)

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Signed.....Date.....

| Checklist: Have you: | Yes | No |
|---|--------------------------|--------------------------|
| completed the Access Request Form in full? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1) attached a photocopy of proof of your identity and address? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) included a cheque or postal money order made payable to Communicare Healthcare in the amount of €6.35? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) signed and dated the Access Request Form? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have ticked **No** to any question above, we regret we cannot process your request.

Please return this form to: **Data Protection Officer, Communicare Healthcare, Docklands Innovation Park, 128-130 East Wall Rd, Dublin 3**

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:

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