
### External Data Subject Access Request Form

**Section 1 – Your details** (PLEASE USE BLOCK CAPITALS)

|  |  |
| --- | --- |
| Surname: |  |
| First Name(s): |  |
| Previously known as (if applicable): |  |
| Address: |  |
|  |
|  |
|  |
| Date of birth: |  |
| Telephone number: |  |
| Email address: |  |

**SECTION 2 – YOUR RELATIONSHIP WITH ENABLE IRELAND** (PLEASE USE BLOCK CAPITALS)

|  |  |
| --- | --- |
| Are you a current/former\* service user/owner of Enable Ireland?  | YES/NO\**(\*delete as appropriate)* |
| If yes, please provide the following details: |  |
| * Parent’s/Guardian Name and address (if applicable):
 |  |
| * Adult or Child Services – please specify which service you engaged with and its location:
 |  |
| If neither a service user/owner or employee/colleague, please indicate your relationship with Enable Ireland, including dates: |  |

The information in Sections 1 and 2 will be used to correctly identify any personal data relating to you and to cross-check your identity before records (should any exist) are released.

**SECTION 3 – PERSONAL DATA REQUESTED** (PLEASE USE BLOCK CAPITALS)

In the box below, please provide as much detail as you can about the personal data you wish to access in order to help us locate it quickly.

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| **In accordance with GDPR, I request access to the following personal data that I believe Enable Ireland holds about me:**  |
| **Delete as applicable**

|  |  |  |
| --- | --- | --- |
| **Specific Area:**  | **Type:** | **For date period:**  |
| * Healthcare
 | e.g. medical report | [Insert] |
| * Direct Marketing Donations & Fundraising records
 | e.g. donation information | [Insert] |
| * Health & Safety
 | e.g. incident report | [Insert] |

**Other:** Type of record:For date period:  |

**SECTION 4 – FEES**

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| No application fees are required for Data Access Requests. Enable Ireland reserves the right to charge an administration fee in certain circumstances.  |

**SECTION 5 – IDENTIFICATION**

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| **In order for us to protect the security of personal data, it is necessary for you to provide proof of your identity.** Two forms of identification must accompany this form. Acceptable forms of identification include:

|  |
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| * Copy of current passport or driving licence
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| * Copy of bank statement less than 6 months old
* Copy of utility bill less than 6 months old
 |

Copies are acceptable in most cases; however, we reserve the right to ask to see original documents where necessary. Copies of such documents sent with your access request form will be securely destroyed once we have verified your identity.  |

**Please complete *either* Section 6 *or* Section 7 as appropriate**

**SECTION 6 – DECLARATION OF DATA SUBJECT**

|  |
| --- |
| I confirm that I am the data subject named in Section 1 and I am requesting access to my own personal data. I understand that the information I have supplied will be used to confirm my identity and help locate the information I have requested. I confirm these identity documents are a true copy of the original and indemnify Enable Ireland for inaccuracies in this regard. I also understand that the data may be used for statistical and archiving purposes. |
| Signed: | Date: |

**SECTION 7 – DECLARATION OF DATA SUBJECT FOR AGENT TO ACT ON THEIR BEHALF**

If you wish someone else to submit a data access on your behalf (e.g. family member, solicitor) please complete this section.

|  |
| --- |
| I confirm that I am the data subject named in Section 1. I give permission for the person or organisation named below to act on my behalf in relation to my data access request. I have enclosed evidence of my identity referred to in Section 5 and confirm that I want my personal data to be sent to my representative at the address below. I understand that the information I have supplied will be used to confirm my identity and help locate the information I have requested. I confirm these identity documents are a true copy of the original and indemnify Enable Ireland for inaccuracies in this regard. I also understand that it may be used for statistical and archiving purposes. |
| Signed: | Date: |

|  |  |
| --- | --- |
| Name of agent: |  |
| Relationship to data subject: |  |
| Address: |  |
| Telephone number: |  |
| Email address: |  |

**RETURNING YOUR COMPLETED FORM:**

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| --- |
| Please send or email your completed form (with proof of identity) to: Stephanie Cloonan |
| Data Protection & Compliance OfficerEnable IrelandLavanagh CentreCurraheen CarrigohaneCorkT12 D768 |
| For assistance, telephone: 0851068100 or by email: scloonan@enableireland.ie |

**FOR DPO USE ONLY:**

|  |  |
| --- | --- |
| Date request received: |  |
| Identity verified: | YES/NO |
| If yes: Original ID supplied in person: If yes, original evidence of ID checked and returned to requester: Copy ID attached to request: If yes, ID verified and documents shredded by: | YES/NO YES/NO YES/NO |