

FORM NO. 1a

ACCESS REQUEST FORM

You have the right to access and receive a copy of personal data relating to you (“Data”). We ask that you complete this form, so we can determine the details of your request, and respond to and implement your request as quickly as possible.

This process will provide you with Data in manual or electronic form. Information relating to third parties or other information exempt under applicable law(s) will not be provided.

Please complete your details below and sign where indicated. Send the completed form and proof of identity (by way of proof of your name and your address) to: **Privacy Co Ordinator at privacy@phelans.ie**

Agent of the requestor: Please note that you must provide your own contact details and you must provide proof of your entitlement to act on the data subject’s behalf.

Please complete as much of the following information as you can:	
Full name of data subject	(Title) (First name) (Surname)
Present Address	
Street	
Town	
County	
Postcode	
Other contact details	
Telephone No	
e-mail	
Mobile	
If applicable; Current/last post held in Group	
Department	
Office location	
Your employee no. (if any)	
Any other relevant Information:	

Details of the Agent or Requestor (if any)	
Name	
Address	
Phone Number	
Email address	
Proof of entitlement to act (enclose authorisation)	

Details regarding what information you are looking for. The more details you can give to us the better we will be able to respond to you!	
Hard copy files (please specify department & location, if known)	
Search criteria (<i>i.e.</i> name, key word, date),	
Connection to file (<i>i.e.</i> employee/partner/staff/client/supplier)	
Electronic data (please specify system, if known)	
Search Criteria (please specify the search criteria, <i>e.g.</i> system name, identifier no., if known)	
Connection to file (<i>i.e.</i> employee/partner/staff/client/customer/supplier)	
Any other filing system	
Search criteria	
Any other information you feel might assist us in responding to your request	

We promise to make every effort to respond to you within 1 calendar month of the receipt of your request and valid identification documentation, but please note that this time may be extended to 3 months, when necessary, taking into account the complexity and number of requests.

Signature _____

Date _____