

Subject Access Request (SAR)

Request for a copy of personal data under Article 15 of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018



1. Details of Data Subject (Please use type or write in block capitals)

| | | | |
|-------------|----------------------|----------|----------------------|
| First Name: | <input type="text"/> | Surname: | <input type="text"/> |
| Address: | <input type="text"/> | | |
| Tel: | <input type="text"/> | | |
| Email: | <input type="text"/> | | |

2. Personal Information

(a) Before you are given access to personal information relating to yourself, you will need:

- a copy of your identification bearing your full name and photograph (for example, passport, driver's licence, etc.)

and

- proof of address to which the materials will be sent (for example, the top of a utility bill bearing both your name and address) – this must be less than 6 months old

A copy of the identifying documentation accompanies this form: Yes No

(b) If you are requesting personal data on behalf of the data subject, signed proof of direct authorisation must be provided with this form.

A copy of this authorisation accompanies this form: Yes No

3. Form of Access

My preferred form of access is: (please tick one)

(a) To receive copies of the records by post
(b) To receive copies of the records by email
(c) Other

please specify:

4. Details of Request

In this space, please provide details of the records requested. Please state as accurately as possible the dates the records refer to, your exact name and address at the time the records were created.

5. Declaration

I declare that all the details I have given in this form are true and complete to the best of my knowledge.

Signature of applicant: _____

Date: _____

Please send you completed application form to:

Data Protection Officer,
Mental Health Commission,
Waterloo Exchange,
Waterloo Road,
Dublin 4, D04 E3W7

Or by email to DPFOI@mhcirl.ie