**Data access request form**

Dear Data Protection Officer,

Under the terms of Article 15 of the European Union General Data Protection Regulation 2016/679, I wish to apply for access to a copy of my personal data that may be held by the National Care Experience Programme, specifically in respect of the following:

Name:

Previous or other names(s) if applicable:

Date of Birth: ­­­­­­­­­­­­­­­­­­­­

Contact phone number:

Address (es):

Hospital name:

Please specify data request (be as specific as possible): ­­­­­­­

I attach the following

1. Photocopy of Passport or Birth Certificate or Driving License

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note:

1. For further information on data access requests please go to <http://www.dataprotection.ie/>.
2. Please be as specific as possible with your request.
3. Within the terms of the European Union General Data Protection Regulation, HIQA will respond to your request for personal data within one month.
4. Photocopies of ID will not be returned.
5. All information will be sent to the address provided by you in your application.

Requests without ID will not be processed

Please submit requests to:

[dpo@hiqa.ie](mailto:dpo@hiqa.ie)

or

**Data Protection Officer**

Health Information and Quality Authority,

Unit 1301, City Gate,

Mahon,

Cork, T12 Y2XT.