**Subject Access Request Form Appendix 1**

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| Under the General Data Protection Regulation you are entitled, as a data subject, to obtain from the BOCSI confirmation as to whether we are processing personal data concerning you as well as to request details about the purposes, categories and disclosure of such data.  You can use this form to request information, and access to any personal data we hold, about you. Details on where to return the completed form can be found at the end of the document. | | | | | | | | | |
| **1. Personal Details:** | | | | | | | | | |
| **Data Subject’s Name:** | |  | | | | | **DOB:** | \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_ | |
| **Home Telephone No:** | |  | | | | | **Email:** |  | |
| **Data Subject’s Address**: | | | | | | | | | |
| **Are you currently Supported by the Services?** | | | | | | | | | |
| **Are you currently Employed by the Service?** | | | | | | | | | |
| **Are you a Family Member of someone currently supported by the Services?** | | | | | | | | | |
| **Other –please identify your relationship with the Services.**  **Volunteer \_\_\_**  **Supplier \_\_\_**  **Retired Employee \_\_\_**  **Agency Staff \_\_\_**  **Consultant \_\_\_**  **Contractor \_\_\_**  **Student Placement \_\_\_**  **Board Member \_\_\_**  **Other please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| **Any other information that may help us to locate your personal data – Please identify the BOCSI Region and, if possible, name the Services location:**  **Clare \_\_\_\_ Limerick \_\_\_\_ Galway \_\_\_\_**  **Cork \_\_\_\_ Kerry \_\_\_\_ Roscommon \_\_\_\_**  **Tipperary \_\_\_\_ Waterford \_\_\_\_**  **Services Name & Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| **2. Specific Details of the Information Requested:** | | | | | | | | | |
|  | | | | | | | | | |
| **3. Representatives** *(only complete if you are acting as the representative for a data subject)*  ***[Please Note:*** *We may still need to contact the data subject where proof of authorisation or identity are required]* | | | | | | | | | |
| **Representative’s Name:** | |  | | **Relationship to Data Subject:** | | | | |  |
| **Telephone No:** | |  | | | | **Email:** |  | | |
| **Representative’s Address**: | | | | | | | | | |
| **I confirm that I am the authorised representative of the named data subject:** | | | | | | | | | |
| **Representative’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **4. Confirmation** | | | | | | | | | |
| **Data Subject’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [print name] | | | | | | | | | |
| **Signature:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Date:** | | \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_\_ | | |
| **5. Completed Forms** | | | | | | | | | |
| ***For postal requests please return this form to:***  The Relevant BOCSI Region marked for the attention of the Data Protection Representative.  ***For email requests, please return this form to***: [gmagliocco@brothersofcharity.ie](mailto:gmagliocco@brothersofcharity.ie) | | | | | | | | | |