

PERSONAL DATA PROTECTION ACT 2010

DATA ACCESS REQUEST FORM

The following information is required to help us provide you a timely and accurate response to your Data Access Request pursuant to the Personal Data Protection Act 2010.

Full name of Data Subject (in full as per National Registration Identity Card)	
If the Requestor is not the Data Subject and is the Relevant Person ¹ making the request on behalf of the Data Subject, please state: Full Name of the Requestor (in full as per National Registration Identity Card) The Requestor's relationship with the Data Subject	
Address	
Mobile Number	
E-mail address	
Please provide a description of the personal data you are requesting and any information you have as to the location of the data (e.g. describe any department or parts of the organization that you have dealings with, as appropriate):	

Please provide your Medical Record Number, if applicable.

¹ In the case of a data subject who is below the age of 18 years, the parent, guardian or person who has parental responsibility for the data subject or in the case of a data subject who is incapable of managing its own affairs, a person who is appointed by a court to manage those affairs, or a person authorised in writing by the data subject to act on behalf of the data subject.

Declaration: I am the Data Subject / Relevant Person named above and hereby request, under the provisions of Sections 12 and 30 of the Personal Data Protection Act 2010, that you provide me with a copy of the personal data requested held about me / the Data Subject as specified above. I understand that there may be a charge for this service, and I may be required to submit further information or supporting documents.

Signature: _____

Date: _____

Full Name: _____