



SUBJECT ACCESS REQUEST FORM

Article 15 of the European General Data Protection Regulation (GDPR) grants you the right to obtain confirmation as to whether or not personal data concerning you is being processed, and, where that is the case, access to the personal data. The regulation states that we must provide, free of charge, a copy of the personal data undergoing processing. For further copies requested by you, we may charge a reasonable fee based on administrative costs. The right to obtain a copy of your personal data must not adversely affect the rights and freedoms of others.

Response times

We will endeavour to respond promptly and in any event within one calendar month of the latest of the following:

- Our receipt of your written or digital request and accompanying proof of identify
- Our receipt of any further information we may require from you to process your request

Personal information supplied by you in this form is required to enable your request to be processed. This personal information will only be used in connection with the processing of your Subject Access Request.

1. Details of the person requesting the Information:

Full Name:	
Current Address:	
Date of Birth:	
Contact Phone Number: (including area code)	
E-mail address: (Optional)	

2. Are you the Data Subject? (tick box that applies)

I AM the Data Subject and enclose evidence of my identity e.g. photocopy of driving licence, birth certificate, passport, marriage certificate.

I am NOT the Data Subject, but am acting on their behalf as their personal representative. I have written authority, which I enclose and evidence of their identity e.g. photocopy of driving licence, birth certificate, marriage certificate, passport.

I am NOT the Data Subject, but I am acting on their behalf as their parent or legal guardian and enclose evidence of their identity e.g. photocopy of driving licence, birth certificate, marriage certificate, passport.

3. Details of the Data Subject (if different to 1.)

Full Name:	
Current Address:	
Date of Birth:	
Contact Phone Number: (including area code)	
E-mail address: (Optional)	

4. Describe the specific information you are requesting: please provide as much detail as possible, such as relevant dates, references, type such as documents, CCTV recording etc.

5. Proof of Identity (tick boxes that apply)

To ensure we are releasing data to the right person we require you to provide us with proof of your identity and of your address. Please supply us with a photocopy or scanned image (do not send the originals) of your proof of identity and proof of address.

I AM the Data Subject and I have included a photocopy of my current passport or my current driving licence or my birth certificate or my marriage certificate as proof of my identity **(DO NOT INCLUDE ORIGINALS)**

I AM the Data Subject and I have included a photo copy of a utility bill (no more than 3 months old) or a bank statement (no more than 3 months old) or a credit card statement (no more than 3 months old) or current TV licence or current revenue / tax document as proof of address **(DO NOT INCLUDE ORIGINALS)**

I am NOT the Data Subject, but am acting on their behalf as their personal representative. I have written authority, which I enclose and evidence of their identity e.g. photocopy of driving licence, birth certificate, marriage certificate, passport **(DO NOT INCLUDE ORIGINALS)**

If we are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request.

Declaration

I declare that the information given by me is, to the best of my knowledge correct and that I am entitled to apply for access to the information referred to above, under the terms of the Data Protection Acts 1988 - 2018 and the General Data Protection Regulation 2016.

Signature:	Date of request:
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Where to send your request:

Data Protection Officer, Irish Association Cardiac Rehabilitation, 17-19 Rathmines Road Lower, Rathmines, Dublin 6, D06 C780. Email: gdpr@iacronline.ie