**Department of Employment Affairs and Social Protection**

**Subject Access Request Form**

Request for Access to Personal Data under the General Data Protection Regulation 2018.

**Note: Proof of identity must accompany this Subject Access Request form.**

Please complete all parts.

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| **Part 1 – Details of Data Subject (person making request)** |

***Contact Details*** *(in block capitals)***:**

Full Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

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Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (where applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Part 2 – Details of Request** |

To assist us in locating the data requested, please include details of your interactions with this Department in the past (e.g. please state the area(s) you have corresponded with / the types of applications you may have made etc).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the period of time for which the data is being sought.

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Please provide any reference numbers relating to your contact with the Department.

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Please outline details of the data sought.

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| **Part 3 – Verification of Identity** |

In order for us to verify your identity, please provide the following information

* Your name,
* PPS number
* Postal address
* Provide a copy of photographic ID (Public services card/passport/drivers licence).

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| **Part 4 - Declaration** |

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

Signature of Requester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the completed form by post to:

Data Access Section,

Client Identity Services,

Shannon Lodge,

Carrick-on-Shannon,

Co Leitrim.

**Further information on Data Protection:**

* The website of the Data Protection Commissioner – [www.dataprotection.ie](http://www.dataprotection.ie) or
* Make contact with the Office of the Data Protection Commissioner by phone on Tel. 1 890 252231 or by email on [info@dataprotection.ie](mailto:info@dataprotection.ie).

**Checklist**

Have you:

1. Completed the Subject Access (SAR) Request form in full - YES/NO
2. Signed and dated the Declaration on the SAR form - YES/NO
3. Included a photographic ID - YES/NO