SOUTH INFIRMARY - VICTORIA HOSPITAL, CORK.
REQUEST FOR ACCESS TO RECORDS
- **Access under Data Protection Act 2018**
- **Access under Freedom of Information Act 2014**

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1.   Details of Requester (PLEASE USE BLOCK CAPITALS)

Surname: _____   First Name(s): _____

Maiden Name: _____   Date of Birth: _____

Present Address:_____

_____

Old Address (If any): _____

_____

Tel: (Home) _____   (Business):_____

E-Mail: _____

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2.   My preferred Form of Access to records is: (Personal and Non-personal Requests).
(Please tick one form of access only)

   * To receive photocopies   [ ]
   * To view records on site   [ ]
   * Other format   [ ]
     - Please specify   _____

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3.   Personal Information (Personal Requests only)

(a)   Before you are given access to your personal information, you will need to provide proof of your identity.
A copy of an identifying document accompanies
this form. [ ]Yes [ ] No (tick one)

(b)   If you are requesting personal information in respect of another person, the consent of that person is required.
A copy of consent accompanies this form [ ] Yes [ ] No (tick one)

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4.   Application for Information
I request access under Data Protection act 2018 (Subject Access Request) to the
information/records detailed overleaf   [ ] (please tick)
OR
*   If this is not possible, I request access under Section 12
of the Freedom of Information Act 2014   [ ] (please tick)

Signed: _____   **Date:** _____

5.   Details of Information/Records Requested

To help us to access as speedily as possible the records you require, please describe the records as precisely as you can.

Type of records requested:

_____
_____
_____
_____
_____
_____

Date(s) & year(s) of attendance:

_____
_____

Department attended:

_____
_____
_____

Any other relevant information:

_____
_____
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_____

Please send completed Application Form to:
Freedom of Information Office,
South Infirmary - Victoria Hospital,
Old Blackrock Road,
Cork. T12 X23H
Tel. No. (021) 4926100

Please note: **To help in processing your request, the information on this form will be stored in electronic format.**

<u>For Office Use Only</u>

	Data Protection Access	FOI Access	Signed/Int.
Date Received			
Date Acknowledge			
Identity Confirmed	Yes [ ] No [ ]	Yes [ ] No [ ]	
Consent Verified	Yes [ ] No [ ]	Yes [ ] No [ ]	
Fee Applicable	Yes [ ] No [ ]	Yes [ ] No [ ]	
Access Granted	Yes [ ] No [ ]	Yes [ ] No [ ]	