**Injuries Resolution Board Data Subject Access Request Form**

*Please use BLOCK letters:*

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number(s): Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PIAB Claim File Reference Number (if Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before we can provide access to personal information relating, we are required to confirm the requester’s identity - please provide us with proof of your identity. Forms of identity to check verification can include copies of official documents such as a driver’s licence, passport or a recent utility bill.

Any form of identification disclosed will be deleted once verification is proven.

**How do you want to receive your personal information?**

My preferred form of access is: (please tick as appropriate) **POST  EMAIL**

**other** - please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if you are willing to receive a copy of your requested personal information or details of information held on an administrative basis by ticking this box

(In the space provided *below in this form* please describe the information you are seeking as fully as you can. Please also advise if you are a claimant or respondent and if available the date of accident(s) your enquiry might relate to.)

I wish to make a data subject access request under the General Data Protection Regulation (GDPR) for a copy of any information you keep about me, on computer or in manual form in relation to

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***PLEASE SIGN HERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_***

**Thank you for submitting your data subject access request. The Injuries Resolution Board will respond to you within 30 days of receipt in your chosen method of correspondence**

**Please send this form via email to** [**dataprotection@injuries.ie**](mailto:dataprotection@injuries.ie)

**Or you can send it via post to:**

**The Data Protection Officer, Lauren Swan, Injuries Resolution Board. Box 8, Clonakilty, Co. Cork. P85 YH98**

Note: A request for personal data or a file can only be made by the data subject themselves or by someone who has supplied proof that they have the authority of the data subject to act on their behalf. Outside of that, personal data sought in a subject request can in general only be provided to the data subject, and not to anyone else.