

## Data Subject Access Request Form

How to apply for personal data held about you by the Dublin Dental University Hospital

Under the Data Protection Acts 1988 to 2018 and the General Data Protection Regulation (“GDPR”), people may ask for copies of paper and computer records that an organisation holds, shares or uses about them.

To help us to deal with your request we will require proof of your identity, and enough information to enable us to locate the personal data that you request.

Please complete this form and return it to us with proof of your identity to [dataprotection@dental.tcd.ie](mailto:dataprotection@dental.tcd.ie). We will acknowledge safe receipt and respond without undue delay and at least within one month.

### Part 1: Your Personal Details

<b>Title:</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> No Title <input type="checkbox"/> Other <input type="checkbox"/> If Other, please specify:
<b>Surname:</b>	
<b>Forename(s):</b>	
<b><i>Any other names that you are known by that may assist in the search:</i></b>	
<b>Current Address:</b>	
<b>Postcode:</b>	
<b>Telephone:</b>	
<b>Email:</b>	
<b>Any previous addresses that may assist in the search:</b>	
<p>We need these details in order to:</p> <ul style="list-style-type: none"> <li>a) help us find the Personal Data which you have requested;</li> <li>b) enable us to communicate with you about your request; and</li> <li>c) keep a record of your data subject access request.</li> </ul>	
<p>If you are an employee or former employee please provide your staff number if known &amp; the date of your employment</p> <p><b>Staff No:</b></p>	

**Part 2: Proof of identity**

To help us establish your identity, your application must be accompanied by a piece of identification that clearly shows your name, DOB and current address. Please enclose a copy of one of the following as proof of identity: copy passport or driving licence.

Where parents/guardians apply for copies of documents relating to minors, please enclose proof of parentage or guardianship such as birth, adoption or other relevant certificate.

This is to ensure that we are only sending information to you, the data subject, and not to a third party. If none of these are available, please contact [dpo@dental.tcd.ie](mailto:dpo@dental.tcd.ie) for advice on other acceptable forms of identification.

**Part 3: Information requested**

To help us to deal with your request quickly and efficiently please provide as much detail as possible about the information you want. If possible, direct your request to a particular service, department, team, individuals or incident. Please include time frames, dates, names or types of documents, any file reference and any other information that may enable us to locate your data, for example, for e-mails please indicate the names of senders and recipients and approximate dates.

DESCRIPTION OF PERSONAL DATA	INSERT DETAIL
Date ranges	
Description of data	e.g. lab test results; x rays; clinical notes; attendance notes; minutes of meetings etc.
Department/services	e.g. HR; Finance; patient records.

*Please continue on a separate sheet of paper, if necessary*

I, \_\_\_\_\_, confirm that the information provided on this form is correct and that I am the data subject whose name appears on this form. I understand that Dublin Dental University Hospital must confirm proof of identity and that it may be necessary to contact me again for further information in order to locate the personal data I have requested. I also understand that my request will not be valid until all of the information set out above is received by Dublin Dental University Hospital.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_