



An Roinn Leanaí
agus Gnóthai Óige
Department of Children
and Youth Affairs

Subject Access Request Form

**Request for access to Personal Data
General Data Protection Regulation (GDPR) and Data Protection Acts 1988-2018**

Please complete all parts of this Form in full.

Part I – Data Subject Details

Name _____

Address _____

Previous Address(s) _____

Date of Birth _____

Preferred Contact method By post

By phone

Phone no. _____

By email

Email: _____

Part II – Details of Request

To assist us in locating the data you are requesting, please include as much specific detail as possible in relation to your interactions with us in the past (e.g. please state the area(s) of the Department you have corresponded with/the types of applications you may have made etc.).

Please tell us the relevant period of time or timelines involved (i.e. the relevant dates e.g. 01 January 2018 - 31 December 2018) for which you are seeking the personal data.

From	To	Any other comment

Please provide us with any reference numbers relating to your contact with us in the past (e.g. previous correspondence references, case reference numbers, etc.).

Please provide us with any other specific details that you feel are relevant in assisting us in locating your personal data, including any keyword searches you feel would be of benefit (*by providing us with as much detail as possible in relation to your access request, we will be able to assist you more efficiently*).

Part III – Declaration A

This section must be signed by the data subject making the request (if aged 16 or over)

I confirm that the information supplied is correct and that I am the person to whom it relates.

Signature _____

Date _____

Part III – Declaration B

Declaration of authority to act on behalf of a data subject

[Please note that information can only be disclosed to those parents/guardians/agents who have signed the form.
Therefore, both parents should sign the form if this is a joint application on behalf of a child under 16.]

I confirm that I have the authority to act on behalf of the data subject named in this request and that their information will be disclosed to them through me.

Signature _____

BLOCK CAPITALS _____

Date _____

Relationship to data subject _____

Signature _____

BLOCK CAPITALS _____

Date _____

Relationship to data subject _____