Subject Access Request Form

Under the General Data Protection Regulation, you are entitled as a data subject to obtain from SJOGCS, confirmation as to whether we are processing personal data concerning you, as well as to request details about the purposes, categories, and disclosure of such data.

You can use this form to request information about, and access to any personal data we hold about you. Details on where to return the completed form can be found at the end of the document.

1. Personal Details:

Data Subject's Full Name:			
Home/Telephone No:		**DOB:**	DD/MM/YYYY
Are you a staff member of SJOGCS? Y/N		**If yes, please include your work email:**	
Email:			
Which Service Have you Been Dealing With?	Lucena Clinic / Cluain Mhuire / Liffey Services/ Kerry Region / Dublin South East / North East / Community Mental Health		
Data Subject's Address:			
Any other information that may help us to locate your personal data:			

2. Specific Details of the Information Requested:

3. Representatives *(only complete if you are acting as the representative for a data subject)*
[Please Note: We may still need to contact the data subject where proof of authorisation or identity are required]

Representative's Name:		**Relationship to Data Subject (eg: parent/solicitor)**	
Telephone No:		**Email:**	
Representative's Address:			

I confirm that I am the authorised representative of the named data subject:

Representative's Name: _____   **Signature:** _____

4. Confirmation

Data Subject's Name:_____[print name]

Signature: _____   **Date:**   _____ /_____/_____

5. Completed Forms

Please return this completed form, along with proof of identification and any relevant consent declarations.

For postal requests, please return this form to:

DPO

Saint John of God Community Services clg.

Hospitaller House, Stillorgan, Co. Dublin, A94 X5K8

For email requests, please return this form to: Lucena.records@sjog.ie or DPO at dpocs@sjog.ie