

FORM NO. 1a

ACCESS REQUEST FORM

You have the right to access and receive a copy of personal data relating to you (“Data”). We ask that you complete this form, so we can determine the details of your request, and respond to and implement your request as quickly as possible.

This process will provide you with Data in manual or electronic form. Information relating to third parties or other information exempt under applicable law(s) will not be provided.

Please complete your details below and sign where indicated. Send the completed form and proof of identity (by way of proof of your name and your address) to: **Data Privacy Co Ordinator at privacy@qrl.ie**

Agent of the requestor: Please note that you must provide your own contact details and you must provide proof of your entitlement to act on the data subject’s behalf.

Please complete as much of the following information as you can:	
Full name of data subject	(Title) (First name) (Surname)
Present Address	
Street	
Town	
County	
Postcode	
Other contact details	
Telephone No	
e-mail	
Mobile	
If applicable; Current/last post held in Group	
Department	
Office location	
Your employee no. (if any)	
Any other relevant Information:	

Details of the Agent or Requestor (if any)	
Name	
Address	
Phone Number	
Email address	
Proof of entitlement to act (enclose authorisation)	

Details regarding what information you are looking for. The more details you can give to us the better we will be able to respond to you!	
Hard copy files (please specify department & location, if known)	
Search criteria (<i>i.e.</i> name, key word, date),	
Connection to file (<i>i.e.</i> employee/partner/staff/client/supplier)	
Electronic data (please specify system, if known)	
Search Criteria (please specify the search criteria, <i>e.g.</i> system name, identifier no., if known)	
Connection to file (<i>i.e.</i> employee/partner/staff/client/customer/supplier)	
Any other filing system	
Search criteria	
Any other information you feel might assist us in responding to your request	

We promise to make every effort to respond to you within 1 calendar month of the receipt of your request and valid identification documentation, but please note that this time may be extended to 3 months, when necessary, taking into account the complexity and number of requests.

Signature _____

Date _____

FORM NO. 2a

DATA CORRECTION/UPDATE REQUEST FORM

You have the right to correct and update personal data relating to you (“Data”) that is inaccurate. We ask that you complete this form, so we can determine the details of your request and, where applicable, implement your request.

If your request is valid, we will correct and update the information requested.

Please complete your details below and sign where indicated. Send the completed form and proof of identity (by way of proof of your name and your address) to **Privacy Compliance Co-Ordinator at privacy@qrl.ie**.

Please also provide any documentation you have to prove that the information you wish to update needs to be updated or corrected.

Agents of the requestor: Please note that you must provide your own contact details and you must provide proof of your entitlement to act on the requestor’s behalf.

Please complete as much of the following information as you can:			
Full name of data subject	(Title)	(First name)	(Surname)
Present Address			
Street			
Town			
County			
Postcode			
Other contact details			
Telephone			
Email			
Mobile			

Details of the Agent or Requestor (if any)	
Name	
Address	
Phone Number	
Email address	
Proof of entitlement to act (enclose authorisation)	

Category of personal information	Personal Information Currently on File	Corrected Personal Information
<i>e.g. name, address.</i>		

We will make every effort to respond to you within 1 calendar month of the receipt of your request and valid identification documentation, but please note that this time may be extended to 3 months, when necessary, taking into account the complexity and number of requests.

Signature _____

Date _____

FORM NO. 3a

OBJECTION TO PROCESSING FORM

You have the right to object to our processing of personal data relating to you (“Data”) in certain circumstances. We ask that you complete this form, so we can determine the details of your request and, where applicable, implement your request.

If your request is valid, we will cease processing this Data for the purposes to which you object.

Please complete your details below and sign where indicated. Send the completed form and proof of identity (by way of proof of your name and your address) to the **Privacy Compliance Co-Ordinator at privacy@qrl.ie**

Agents of the requestor: Please note that you must provide your own contact details and you must provide proof of your entitlement to act on the data subject’s behalf.

Please complete as much of the following information as you can:	
Full name of data subject	(Title) (First name) (Surname)
Present Address	
Street	
Town	
County	
Postcode	
Other contact details	
Telephone	
Email	
Mobile	

Details of the Agent or Requestor (if any)	
Name	
Address	
Phone Number	
Email address	
Proof of entitlement to act (enclose authorisation)	

Uses of personal information that you object to	Reason for objecting to these uses of your personal information
<i>Please make reference to the uses of personal information set out in our privacy notice</i>	<i>e.g. our uses of the personal information are unlawful, specifying precisely why; you no longer want to receive direct marketing messages from us</i>

We will make every effort to respond to you within 1 calendar month of the receipt of your request and valid identification documentation, but please note that this time may be extended to 3 months, when necessary, taking into account the complexity and number of requests.

Signature _____

Date _____

FORM NO. 4a

RESTRICTION REQUEST FORM

You have the right to restrict our processing of personal data relating to you (“Data”) in certain circumstances. We ask that you complete this form, so we can establish the details of your request and, where possible, implement your request.

If your request is valid, we will restrict our processing of this Data unless you give your consent to us using it in the future, or we need to use it for other legal reasons.

Please complete your details below and sign where indicated. Send the completed form and proof of identity (by way of proof of your name and your address) to Privacy Compliance Co-Ordinator at **privacy@qrl.ie**

Agents of the requestor: Please note that you must provide your own contact details and you must provide proof of your entitlement to act on the data subject’s behalf.

Please complete as much of the following information as you can:	
Full name of data subject	(Title) (First name) (Surname)
Present Address	
Street	
Town	
County	
Postcode	
Other contact details	
Telephone	
Email	
Mobile	

Details of the Agent or Requestor (if any)	
Name	
Address	
Phone Number	
Email address	
Proof of entitlement to act (enclose authorisation)	

Uses of personal information to be restricted	Reason for restricting these uses of your personal information
<i>Please refer to the uses of personal information set out in our privacy notice</i>	<i>e.g. the personal information is inaccurate, our uses of it are unlawful, etc.</i>
Uses of personal information to be restricted	Reason for restricting these uses of your personal information

We will make every effort to respond to you within 1 calendar month of the receipt of your request and valid identification documentation, but please note that this time may be extended to 3 months, when necessary, considering the complexity and number of requests.

Signature _____

Date _____

FORM NO. 5a

ERASURE REQUEST FORM

You have the right to have personal data relating to you (“Data”) deleted in certain circumstances. We ask that you complete this form, so we can determine the details of your request and, where applicable, implement your request.

If your request is valid, we will delete the information requested, unless we are required by law to keep it - in this case we will advise you of what we are keeping, and the reasons why.

Please complete your details below and sign where indicated. Send the completed form and proof of identity (by way of proof of your name and address) to **Privacy Compliance Co-Ordinator at insert e mail address**

Agents of the requestor: Please note that you must provide your own contact details and you must provide proof of your entitlement to act on the data subject’s behalf.

Please complete as much of the following information as you can:	
Full name of data subject	(Title) (First name) (Surname)
Present Address	
Street	
Town	
County	
Postcode	
Other contact details	
Telephone	
Email	
Mobile	

Details of the Agent or Requestor (if any)	
Name	
Address	
Phone Number	
Email address	
Proof of entitlement to act (enclose authorisation)	

Personal Information Currently on File to be deleted	Reason why that personal information should be deleted
<i>e.g. name, mobile number, email address</i>	<i>e.g. is the information inaccurate or out of date?</i>

We will make every effort to respond to you within 1 calendar month of the receipt of your request and valid identification documentation, but please note that this time may be extended to 3 months, when necessary, taking into account the complexity and number of requests.

Signature _____

Date _____

FORM NO. 6a

PORTABILITY REQUEST FORM

Where we use your personal information to fulfill our contractual obligations to you, or where you have consented to our use of personal data relating to you (“Data”), and where this Data is processed by us automatically, you have the right to 'port' any such Data you provide to us subject to certain requirements.

This means you have the right to receive a copy of it in a machine-readable format and to have it transmitted to another company. We ask that you complete this form, so we can determine the details of your request and implement your request.

This process will provide you with certain personal information that you have provided to us, in a format that can be read electronically and, if you wish this, can be sent to another data controller.

Please complete your details below and sign where indicated. Send the completed form and proof of identity (by way of proof of your name and your address) to Privacy Compliance Co-Ordinator at insert e mail address

Agents of the requestor: Please note that you must provide your own contact details and you must provide proof of your entitlement to act on the data subject’s behalf.

Please complete as much of the following information as you can:		
Full name of data subject	(Title)	(First name) (Surname)
Present Address		
Street		
Town		
County		
Postcode		
Other contact details		
Telephone		
Email		
Mobile		

Details of the Agent or Requestor (if any)	
Name	
Address	
Phone Number	
Email address	
Proof of entitlement to act (enclose authorisation)	

To help us to respond to your request as quickly as possible, please provide as much detail as possible regarding the personal information you seek. If you wish to 'port' all applicable personal information, please write 'all' below	Names and contact details of companies to which that data should be transmitted
<i>e.g. all information I have uploaded to the website; payment details; or billing and delivery addresses.</i>	

We will make every effort to respond to you within 1 calendar month of the receipt of your request and valid identification documentation, but please note that this time may be extended to 3 months, when necessary, taking into account the complexity and number of requests.

Signature _____

Date _____