

**Data Subject Access Request Form**

**Request to access your Personal Data under the terms of the   
General Data Protection Regulation**

|  |  |
| --- | --- |
| Your Full Name: | |
| Address: | |
| Contact number:\* | Email addresses:\* |

*\* We may need to contact you to discuss your access request*

**In order to help the PSI to locate the data it may hold on you, please tick the box applicable to you:**

🞏 Student 🞏 Member of the public

🞏 Pharmacist 🞏 Current PSI employee

🞏 Pharmaceutical assistant 🞏 Former PSI employee

🞏 Pharmacy owner 🞏 PSI Committee or Council member

Under Article 15 of the General Data Protection Regulation (GDPR), I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [insert name] wish to:   
(tick box(es) below as required)

🞏 receive confirmation whether or not the PSI holds personal data about me

🞏 be provided with a copy of my data, if it exists

🞏 be informed of the purpose for which the PSI holds my data

🞏 be informed of the source of my data

🞏 be informed with whom my data may be disclosed by the PSI

Provide any other relevant details related to your request and to assist us to locate the data.

For images/recordings made by CCTV, we require details such as the date, time and location of the images/recordings.

Ideally, how would you prefer to receive the records? 🞏 By post 🞏 By email

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **If relevant, please let the PSI know corrections you are seeking to have made to the personal information the PSI holds on you.**
* **Please enclose a photocopy of your passport, driver’s licence, or Personal Public Service card, and proof of address in order that we can confirm your identity before releasing your data to you.**
* **The PSI must satisfy itself as to your identity and make a note in the PSI record that proof of identity has been provided, but the PSI will not keep a copy of the identity document**.

**Please address and return this form to:**

By post: The Data Protection Officer, PSI – The Pharmacy Regulator, PSI House,15-19 Fenian Street, Dublin 2, D02 TD72, or by email: [dataprotection@psi.ie](mailto:info@psi.ie)

**For PSI Use only:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Received** |  | | **Signed:** |
| **Date Acknowledged** |  | | **Signed:** |
| **Identity Confirmed** | **[ ] Yes [ ] No** | | **Signed:** |
| **Consent Verified** | **[ ] Yes [ ] No (if applicable)** | | **Signed:** |
| **Access Granted** | **[ ] Yes [ ] No** | **Date** | **Signed:** |