Freedom of Information Act 2014
Request Form

Requester's Details

SURNAME Click or tap here to enter text. **NAME(S)** Click or tap here to enter text.

ADDRESS Click or tap here to enter text.

Phone Click or tap here to enter text. **Email** Click or tap here to enter text.

Date of Birth (only if this request is for personal information) Click or tap here to enter text.

If this request is for your personal information, please provide proof of identity

I have attached proof of my identity ☐

If this request is for someone else's personal information, please attach

(i) their written consent
(ii) proof of their identity
(iii) as well as your own proof of identity

I have attached written consent and proof of identity ☐

My preferred form of access is:

Electronic format ☐ Photocopies ☐

Other, please specify Click or tap here to enter text.

Under the Freedom of Information Act 2014, I seek access to the following record(s):

Please describe the records as precisely as you can (If you are requesting personal information, please state as accurately as you can the date the record was created, your exact name and address at the time the record was created, and the Department/Hospital/Clinic attended within the HSE. Click or tap here to enter text.

Signed Click or tap here to enter text. **Date** Click or tap here to enter text.

For office use only:

Date Received			**Signed:**
Date Acknowledged			**Signed:**
Identity Confirmed	**[ ] Yes [ ] No**		**Signed:**
Consent Verified	**[ ] Yes [ ] No**		**Signed:**
Access Granted	**[ ] Yes [ ] No** **[ ] Partial**	**Date**	**Signed:**