



Subject Access Request Form

To be completed to request a copy of your data held by ROP/SC under Section 4 of the Data Protection Acts 1998 & 2003

ABOUT YOU

Are you....

Please tick as appropriate

Client or Service User Current Tenant
Employee Former Tenant
Other Volunteer
Job Placement
If 'other' please specify

First Name(s)

Surname (Family) Name

Maiden or other Name

Current Postal Address

This is the address to which all replies will be sent

Previous Address

If we would have recorded you at a different address, please detail here

Telephone Number

Email Address

DECLARATION (To be signed by the Applicant)

- The information, which I have supplied in this form, is correct and I am the person to whom it relates, or;

- I enclose original signed letter of authority or Power of Attorney, if applicable.

SIGNATURE:

DATE:

CHECK LIST (Before returning this form, please check)

Completed, signed and dated Subject Access Form	<input type="checkbox"/>
Cheque, money or Postal Order for €6.35 made payable to Right of Place Second Chance	<input type="checkbox"/>
Photocopy of Proof of Identity , such as driving license, passport or Social Services Card	<input type="checkbox"/>
Photocopy of Proof of address such as a recent Utility Bill,	<input type="checkbox"/>

Completed Forms should be returned to:

Data Protection Co-Ordinator, National Healing & Training Centre, 15 Parnell Street, Waterford City.

Tel: 1890 200 709

Email: info@rightofplace.com