



## Personal Data Access Request Form

**Request to access Personal Data  
Data Protection Act 1988 and Data Protection (Amendment) Act 2003**

**A fee of €6.35 must accompany this Access Request Form if it is a Section 4 Data Access Request together with proof of identity (eg. official/State photographic identity document such as driver's licence, passport).**

Full Name	
Address	
Contact number *	Email addresses *

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

**Please tick the box which applies to you:**

Student <input type="checkbox"/>	Pharmacist <input type="checkbox"/>	Pharmaceutical Assistant <input type="checkbox"/>	Pharmacy Owner <input type="checkbox"/>	Current Staff <input type="checkbox"/>	Former Staff <input type="checkbox"/>
In case of student, insert College:  Years attended:				Insert Period of Work in PSI:	

**Section 3 Data Access Request:**

I, .....[insert name] wish to be informed whether or not the PSI holds personal data about me and to be provided with a description of this data and to be informed of the purpose for holding such data. I am making this access request under **Section 3** of the Data Protection Acts.

**OR**

**Section 4 Data Access Request:**

I, .....[insert name] wish to make an access request for a copy of any personal data that the PSI holds about me. I am making this access request under **Section 4** of the Data Protection Acts.

**Section 4 Data Access Request only:** I attach €6.35

Any other information relevant to your access request (e.g. if requesting images/recordings made by CCTV, please state the date, time and location of the images/recordings (otherwise it may be very difficult or impossible for the PSI to locate the data)).

Signed .....

Date .....

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**Checklist:**

**Have you:**

- 1) Completed the Access Request Form in full?
- 2) Included a cheque or postal order made payable to the PSI in the amount of €6.35 where a Section 4 request is made? (Please do not send us €6.35 if you are making a request under section 3. There is no administration charge for a section 3 request.
- 3) Signed and dated the Access Request Form?
- 4) Included a photocopy of official/State photographic identity document (driver’s licence, passport etc.)\*.

**\*Note to PSI:** The PSI should satisfy itself as to the identity of the individual and make a note in the PSI records that identity has been provided, but the PSI should not retain a copy of the identity document.

Please address and return this form to:

**Dr. Cheryl Stokes**  
**Data Protection Officer**  
**PSI – The Pharmacy Regulator**  
**PSI House**  
**15-19 Fenian Street**  
**Dublin 2, D02 TD72**

**For PSI Use only:**

<b>Date Received</b>		<b>Signed:</b>
<b>Date Acknowledged</b>		<b>Signed:</b>
<b>Identity Confirmed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Signed:</b>
<b>Consent Verified</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (if applicable)	<b>Signed:</b>
<b>Access Granted</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Signed:</b>
	<b>Date</b>	