



Children's Health Ireland
at Crumlin

FOI Act 2014

Access to Records Application Form

Details of Applicant

Please use block letters

Surname: _____

First Name: _____

Contact Address: _____

Email Address: _____

Telephone Number(s) Home/ Business: _____ Mobile: _____

Please complete parts A and/or B and return form to: **FOI Officer, Children's Health Ireland at Crumlin, D12 N512.**

A) Personal Records

Person records relate to:

Address at the time of attending the hospital if different from the above address:

Relationship with person the records relate to (if personal information is not that of requester):

Date of Birth (of person the records relate to): _____

Dates Records relate to (if applicable): From: _____ To: _____

Date: _____ Signature: _____

Verification of Identity

In order for us to verify your identity, please provide the following information:

1. A copy of your photographic identity (Passport, Driving License, Public Service Card)
2. A copy of a utility bill or other official correspondence in your name at your current address

If personal information relates to another person you may be asked for proof of consent /relationship /guardianship to the person.

B) Non Personal Records

Subject: _____

Dates Records relate to (if applicable): From: _____ To: _____

Date: _____ Signature: _____