

**SOUTH INFIRMARY - VICTORIA HOSPITAL, CORK.
REQUEST FOR ACCESS TO RECORDS**

- **Routine Administrative Access**
- **Access under Freedom of Information Acts 1997 and 2003**

1. Details of Requester (PLEASE USE BLOCK CAPITALS)

Surname: _____ First Name(s): _____

Maiden Name: _____ Date of Birth: _____

Present Address: _____

Old Address (If any): _____

Tel: (Home) _____ (Business): _____

E-Mail: _____

**2. My preferred Form of Access to records is: (Personal and Non-personal Requests).
(Please tick one form of access only)**

* To receive photocopies

* To view records on site

* Other format

- Please specify _____

3. Personal Information (Personal Requests only)

- (a) Before you are given access to your personal information, you will need to provide proof of your identity.

**A copy of an identifying document accompanies
this form. Yes No (tick one)**

- (b) If you are requesting personal information in respect of another person, the consent of that person is required.

A copy of consent accompanies this form Yes No (tick one)

4. Application for Information

* I request administrative access to the information/records detailed overleaf (please tick)

* If this is not possible, I request access under Section 7 of the Freedom of Information Acts 1997 and 2003 (please tick)

Signed: _____ **Date:** _____

5. Details of Information/Records Requested

To help us to access as speedily as possible the records you require, please describe the records as precisely as you can.

Type of records requested:

Date(s) & year(s) of attendance:

Department attended:

Any other relevant information:

Please send completed Application Form to:
Freedom of Information Office,
South Infirmary - Victoria Hospital,
Old Blackrock Road,
Cork.
Tel. No. (021) 4926100 Fax. No. (021) 4310153

Please note: **To help in processing your request, the information on this form will be stored in electronic format.**

For Office Use Only

| | Admin Access | FOI Access | Signed/Int. |
|---------------------------|----------------|----------------|-------------|
| Date Received | | | |
| Date Acknowledge | | | |
| Identity Confirmed | Yes [] No [] | Yes [] No [] | |
| Consent Verified | Yes [] No [] | Yes [] No [] | |
| Fee Applicable | Yes [] No [] | Yes [] No [] | |
| Access Granted | Yes [] No [] | Yes [] No [] | |

