

**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 []	

