

**FORM NO. 1a**  
**ACCESS REQUEST FORM**

You have the right to access and receive a copy of the personal information we hold about you. We ask that you complete this form so we can determine the details of your request, and respond to and implement your request as quickly as possible.

This process will provide you with the personal information we hold about you, and information relating to you, in manual or electronic form. Information relating to third parties or other information exempt under applicable law(s) will not be provided.

Please complete your details below and sign where indicated. Send the completed form and proof of identity (by way of proof of your name and your address) to [datarequest@talbothotelgroup.ie](mailto:datarequest@talbothotelgroup.ie) or by post to Data Administrator, Talbot Hotel Ltd., On the Quay, Wexford

**Agent of the requestor:** Please note that you must provide your own contact details and you must provide proof of your entitlement to act on the data subject's behalf

<b>Please Complete as much of the following information as you can</b>	
Company/Property Name (to which you are making this request to)	
Full Name of Data Subject	
Present Address (full address)	
Telephone No:	
Email Address:	
Mobile No:	
<b>If applicable, please state your current/last post held in the hotel</b>	
Department:	
Job Title:	
Employee No:	
<b>If applicable, please state:</b>	
Dates of staying in the hotel:	

Dates of visits to the property	
Departments in which you visited (e.g. health centre, bar etc.)	
<b>Please provide any other information that may be relevant:</b>	
<b>Details of the agent of requestor (if any)</b>	
Name:	
Address:	
Phone No:	
Email Address:	
Proof of Entitlement to Act (please enclose authorisation)	
<b>Please provide details regarding what information you are looking for. (Please note: the more details you can give to us the better we will be able to respond to you!)</b>	
Hard Copy File (please specify department & location, if known)	
Search Criteria (i.e. name, key word, date)	
Connection to File (i.e. employee/partner/staff/client/supplier)	
Electronic Data (please specify system, if known)	
Any other filing system	
Search Criteria	
Any other information you feel might assist us in responding to your request	

We promise to make every effort to respond to you within 1 calendar month of the receipt of your request and valid identification documentation, but please note that this time may be extended to 3 months, when necessary, taking into account the complexity and number of requests.

Signed: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

Date: \_\_\_\_\_