

**DP Form 1****Data Subject Access Request Form<sup>1</sup>**

In line with the General Data Protection Regulation 2016/679 (GDPR), if you wish to make a Subject Access Request (SAR) please complete this form and submit it, with proof of identity that you are the Data Subject, to The Data Protection Officer, Quality and Qualifications Ireland, 26/27 Denzille Lane, Dublin 2, DO2 P266, or by emailing the request to: [dpo@qqi.ie](mailto:dpo@qqi.ie).

If you are making the request on behalf of a Data Subject, an authorising letter signed by the Data Subject with proof of the Data Subjects identity must be submitted.

In order to process your request, QQI may need to contact you to request additional information or to seek clarification. QQI will respond to your SAR within 30 days as required by the GDPR.

**PLEASE COMPLETE IN BLOCK LETTERS**

Details of Data Subject	
<b>Name:</b>	
<b>ID provided</b>	
<b>Contact Number</b>	

I, (name in capital letters)

wish to make a Subject Access Request to QQI

Signed:

Date:

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<sup>1</sup> Data Subject is the individual who has a right to request access to their Personal Data and is the person who is the subject of the Personal Data in question

**Declaration**

I hereby declare and confirm that all information and supporting documents provided by me in connection with this Request are true, accurate and complete. I understand that it will be necessary for QQI to verify my identity and that QQI may contact me for more detailed information in order to process my request. I consent to the collection, use and disclosure of the personal data that I have provided in this form for the purpose of this request.

**For Internal Use****Application Reference Number****Linked Reference Number if the data subject has made a previous request****Received by:****Date:****Referred to:****Date:****Date Request Completed:****Date Requestor Informed:****Comments:**

**DP Form 2**

## Request to Correct/Update Personal Data Form

In line with the General Data Protection Regulation 2016/679 (GDPR), if you wish QQI to correct or update your personal data please complete this form and submit it, with proof of identity that you are the Data Subject,<sup>2</sup> to The Data Protection Officer, Quality and Qualifications Ireland, 26/27 Denzille Lane, Dublin 2, DO2 P266, or by emailing the request to: [dpo@qqi.ie](mailto:dpo@qqi.ie).

If you are making the request on behalf of a Data Subject, an authorising letter signed by the Data Subject with proof of the Data Subjects identity must be submitted.

In order to process your request, QQI may need to contact you to request additional information or to seek clarification. QQI will confirm the outcome of your request within 30 days of receiving your request.

**PLEASE COMPLETE IN BLOCK LETTERS**

Details of Data Subject	
Name:	
ID provided	
Contact Number	

<b>Request to have personal data corrected or updated</b>
Please provide details of the personal data you require to be corrected or updated

<sup>2</sup> **Data Subject is the individual who has a right to request access to their Personal Data and is the person who is the subject of the Personal Data in question**

**Declaration**

I hereby declare and confirm that all information and supporting documents provided by me in connection with this Request are true, accurate and complete. I understand that it will be necessary for QQI to verify my identity and that QQI may contact me for more detailed information in order to process my request. I consent to the collection, use and disclosure of the personal data that I have provided in this form for the purpose of this request.

Name: (BLOCK CAPITALS)

Signature:

Date:

**For Internal Use**

**Application Reference Number**

**Linked Reference Number if the data subject has made a previous request**

**Received by:**

**Date:**

**Referred to:**

**Date:**

**Date Request Completed:**

**Date Requestor Informed:**

**Comments:**

**DP Form 3**

### **Request to Erase Personal Data (*Right to be Forgotten*)**

In line with the General Data Protection Regulation 2016/679 (GDPR), if you wish QQI to erase your personal data please complete this form and submit it, with proof of identity that you are the Data Subject,<sup>3</sup> to The Data Protection Officer, Quality and Qualifications Ireland, 26/27 Denzille Lane, Dublin 2, DO2 P266, or by emailing the request to: [dpo@qqi.ie](mailto:dpo@qqi.ie).

If you are making the request on behalf of a Data Subject, an authorising letter signed by the Data Subject with proof of the Data Subjects identity must be submitted.

In order to process your request, QQI may need to contact you to request additional information or to seek clarification. QQI will confirm the outcome of your request within 30 days of receiving your request.

**PLEASE COMPLETE IN BLOCK LETTERS**

Details of Data Subject	
Name:	
ID provided	
Contact Number	

Request to have personal data erased ( <i>Right to be Forgotten</i> )
<p>Please provide details of the personal data that you want QQI to delete</p>

<sup>3</sup> **Data Subject is the individual who has a right to request access to their Personal Data and is the person who is the subject of the Personal Data in question**

**Declaration**

I hereby declare and confirm that all information and supporting documents provided by me in connection with this Request are true, accurate and complete. I understand that it will be necessary for QQI to verify my identity and that QQI may contact me for more detailed information in order to process my request. I consent to the collection, use and disclosure of the personal data that I have provided in this form for the purpose of this request.

Name: (BLOCK CAPITALS)

Signature:

Date:

**For Internal Use**

**Application Reference Number**

**Linked Reference Number if the data subject has made a previous request**

**Received by:**

**Date:**

**Referred to:**

**Date:**

**Date Request Completed:**

**Date Requestor Informed:**

**Comments:**



**Declaration**

I hereby declare and confirm that all information and supporting documents provided by me in connection with this Request are true, accurate and complete. I understand that it will be necessary for QQI to verify my identity and that QQI may contact me for more detailed information in order to process my request. I consent to the collection, use and disclosure of the personal data that I have provided in this form for the purpose of this request.

Name: (BLOCK CAPITALS)

Signature:

Date:

**For Internal Use**

**Application Reference Number**

**Linked Reference Number if the data subject has made a previous request**

**Received by:**

**Date:**

**Referred to:**

**Date:**

**Date Request Completed:**

**Date Requestor Informed:**

**Comments:**



**DP Form 5**

### **Request to Obtain Personal Data in a Portable Format (*Data portability*)**

In line with the General Data Protection Regulation 2016/679 (GDPR), if you wish QQI to transfer your personal data (*Data Portability*) to another organisation please complete this form and submit it, with proof of identity that you are the Data Subject,<sup>5</sup> to The Data Protection Officer, Quality and Qualifications Ireland, 26/27 Denzille Lane, Dublin 2, DO2 P266, or by emailing the request to: [dpo@qqi.ie](mailto:dpo@qqi.ie).

If you are making the request on behalf of a Data Subject, an authorising letter signed by the Data Subject with proof of the Data Subjects identity must be submitted.

In order to process your request, QQI may need to contact you to request additional information or to seek clarification. QQI will confirm the outcome of your request within 30 days of receiving your request.

**PLEASE COMPLETE IN BLOCK LETTERS**

Details of Data Subject	
Name:	
ID provided	
Contact Number	

<b>Request to obtain personal data in a portable format</b>
<p>Please provide details of the personal data you wish QQI to transfer, together with details of the person or organisation to whom/which the data is to be transferred, and in what preferred format</p>

<sup>5</sup> **Data Subject is the individual who has a right to request access to their Personal Data and is the person who is the subject of the Personal Data in question**

**Declaration**

I hereby declare and confirm that all information and supporting documents provided by me in connection with this Request are true, accurate and complete. I understand that it will be necessary for QQI to verify my identity and that QQI may contact me for more detailed information in order to process my request. I consent to the collection, use and disclosure of the personal data that I have provided in this form for the purpose of this request.

Name: (BLOCK CAPITALS)

Signature:

Date:

**For Internal Use**

**Application Reference Number**

**Linked Reference Number if the data subject has made a previous request**

**Received by:**

**Date:**

**Referred to:**

**Date:**

**Date Request Completed:**

**Date Requestor Informed:**

**Comments:**

**DP Form 6**

### Request to Object to the Processing of Personal Data

In line with the General Data Protection Regulation 2016/679 (GDPR), if you wish to object to the processing of your personal data by QQI please complete this form and submit it, with proof of identity that you are the Data Subject,<sup>6</sup> to The Data Protection Officer, Quality and Qualifications Ireland, 26/27 Denzille Lane, Dublin 2, DO2 P266, or by emailing the request to: [dpo@qqi.ie](mailto:dpo@qqi.ie).

If you are making the request on behalf of a Data Subject, an authorising letter signed by the Data Subject with proof of the Data Subjects identity must be submitted.

In order to process your request, QQI may need to contact you to request additional information or to seek clarification. QQI will confirm the outcome of your request within 30 days of receiving your request.

**PLEASE COMPLETE IN BLOCK LETTERS**

Details of Data Subject	
Name:	
ID provided	
Contact Number	

Request to object to the processing of personal data	
Please provide details of the processing of personal data that you wish to object to	

<sup>6</sup> **Data Subject is the individual who has a right to request access to their Personal Data and is the person who is the subject of the Personal Data in question**

**Declaration**

I hereby declare and confirm that all information and supporting documents provided by me in connection with this Request are true, accurate and complete. I understand that it will be necessary for QQI to verify my identity and that QQI may contact me for more detailed information in order to process my request. I consent to the collection, use and disclosure of the personal data that I have provided in this form for the purpose of this request.

Name: (BLOCK CAPITALS)

Signature:

Date:

**For Internal Use**

**Application Reference Number**

**Linked Reference Number if the data subject has made a previous request**

**Received by:**

**Date:**

**Referred to:**

**Date:**

**Date Request Completed:**

**Date Requestor Informed:**

**Comments:**

### Request to Object to Automated Decision Making and Profiling

In order to process your request, QQI may need to contact you to request additional information or to seek clarification. QQI will confirm the outcome of your request within 30 days of receiving your request.

**PLEASE COMPLETE IN BLOCK LETTERS**

Details of Data Subject	
Name:	
ID provided	
Contact Number	

<p><b>Request not to be subject to a decision based solely on automated processing, including profiling</b></p> <p>Please provide details of your objection</p>

<sup>7</sup> **Data Subject is the individual who has a right to request access to their Personal Data and is the person who is the subject of the Personal Data in question**

**Declaration**

I hereby declare and confirm that all information and supporting documents provided by me in connection with this Request are true, accurate and complete. I understand that it will be necessary for QQI to verify my identity and that QQI may contact me for more detailed information in order to process my request. I consent to the collection, use and disclosure of the personal data that I have provided in this form for the purpose of this request.

Name: (BLOCK CAPITALS)

Signature:

Date:

**For Internal Use**

**Application Reference Number**

**Linked Reference Number if the data subject has made a previous request**

**Received by:**

**Date:**

**Referred to:**

**Date:**

**Date Request Completed:**

**Date Requestor Informed:**

**Comments:**



**Declaration**

I hereby declare and confirm that all information and supporting documents provided by me in connection with this Request are true, accurate and complete. I understand that it will be necessary for QQI to verify my identity and that QQI may contact me for more detailed information in order to process my request. I consent to the collection, use and disclosure of the personal data that I have provided in this form for the purpose of this request.

Name: (BLOCK CAPITALS)

Signature:

Date:

**For Internal Use**

**Application Reference Number**

**Linked Reference Number if the data subject has made a previous request**

**Received by:**

**Date:**

**Referred to:**

**Date:**

**Date Request Completed:**

**Date Requestor Informed:**

**Comments:**