



## Right to Erasure (“Right to be Forgotten”) Request Form

Under the General Data Protection Regulation (GDPR) you have the right to request the deletion of your personal data. This is known as the right to erasure or the right to be forgotten. You can use this form to ask for your personal data to be removed.

Please note: The right to erasure is not absolute. For further information please see Data Protection Commission Guideline: [Can I Use the GDPR to have my medical records amended or erased? | Data Protection Commissioner](#).

Please complete this form providing as much detail as possible. Please send your completed request form, copies of relevant identification and supporting documentation via email to the appropriate contact listed in the [contact list](#).

### SECTION 1: Details of the person requesting erasure

Full name:

Any previous names:

Address:

Contact phone number:

Email address:

Date of birth:

Hospital Chart No. (if applicable):

### SECTION 2: Are you data subject?

Please tick appropriate box

Yes, I am the data subject. Please include a copy of a valid photo ID (passport or driver's licence).

No, I am acting on behalf of the data subject. Please provide written authorisation from the applicant to act on their behalf.

### SECTION 3: Details of data subject (if different from section 1)

Full name:

Any previous names:

Address:

Contact phone number:

Email address:

Date of birth:

Hospital Chart No. (if applicable):

#### **SECTION 4: Details of request**

Document or record name / description:

Service unit or department (e.g. hospital or facility):

Date of record or timeframe:

Reason for erasure:

#### **PLEASE SIGN HERE**

Signature

Date

#### **Documents which must accompany this application:**

Evidence of your identity (see section 2)

Evidence of the data subject's identity (if different from above)

Authorisation from the data subject to act on their behalf (if applicable)