|  |  |
| --- | --- |
| PCRS Information Request Form | |
| Requestor Name |  |
| Company / Organisation Name |  |
| Company / Organisation Address |  |
| Date of Request |  |
| Contact Phone Number |  |
| Contact Email |  |
| Details of Request | *Please provide as much detail as possible to facilitate response.* |
| Reason for Request |  |
| Timeframe for Data Request | *Example Jan - Dec '18 claims for Long Term Illness scheme* |
| Date Required |  |
| Additional Comments |  |

Please email completed form to [PCRS.ReportsQueries@hse.ie](mailto:PCRS.ReportsQueries@hse.ie).