



CASTLEMARTYR



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

As described in the IHF Code of Conduct, 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: **Data Controller, Castlemartyr Resort, Castlemartyr, Co. Cork P25 X300 or [datarequest@castlemartyrresort.ie](mailto:datarequest@castlemartyrresort.ie)**.

**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>	
<b>Full name of data subject:</b> (Title) (First) (Surname)	
<b>Present Address:</b>	
Street	
Town	
County	
Postcode	

<b>Other contact details:</b>	
Telephone No.	
e-mail	
Mobile	
<b>If applicable; Current/last post held in Hotel</b>	
Department	
Office location	
Your employee no. (if any)	
<b>If applicable:</b>	
Dates of Staying in Hotel	
Dates of visits to Hotel/Health Center/Gym etc.	
<b>Any other relevant Information:</b>	



# CASTLEMARTYR



<b>Details of the Agent or Requestor (if any)</b>	
Name:	
Address:	
Phone Number:	
Email address	
Proof of entitlement to act (enclose authorization)	

<b>Details regarding what information you are looking for. The more details you can give to us the better we will be able to respond to you!</b>	
<b>Hard copy files</b> (please specify department & location, if known)	
<b>Search criteria</b> (i.e. name, key word, date)	
<b>Connection to file</b> (i.e. employee/partner/staff/client/supplier)	
<b>Electronic data</b> (please specify system, if known)	
<b>Search Criteria</b> (please specify the search criteria, e.g. system name, identifier no., if known)	
<b>Connection to file</b> (i.e. employee/partner/staff/client/supplier)	
<b>Any other filing system</b> <b>Search criteria</b> <b>Any other information you feel might assist us in responding to your request:</b>	

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.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_