



ÚDARÁS UCHTÁLA na hÉIREANN
THE ADOPTION AUTHORITY of IRELAND

Data Protection

Data Subject Access Request (DSAR) Application Form

Request for access to Personal Data under the [General Data Protection Regulation](#) (GDPR) and [Data Protection Acts 1988-2018](#)

Notes: In order to respond to your request for personal data, you will need to provide us with the following:

1. A copy of a photographic ID (Passport/Drivers licence/Public Service Card), which needs to be stamped/certified by:
 - a. your local [Garda Station](#) (free service)
or
 - b. a Solicitor / Commissioner for Oaths (which may involve a fee)
or
 - c. [Peace Commissioner](#)

Please note, the person certifying your photographic identification must state their full name and occupation & stamp, sign and date the photocopy of the document concerned. The certified photographic identification must be witnessed within the last 6 months.

2. If another person is **acting on your behalf**, you as the data subject will
 - a. need to state this very clearly in writing giving your written consent to this arrangement.
 - b. The person acting on your behalf will also be required to submit certified photographic identification as outlined above in point number 1.
3. **You may contact our Data Protection Officer to assist you in the completion of this Form. You can reach us via phone on 01 2309300 (Option 6) or email at dataprotection@aai.gov.ie**
4. Where a request is clearly unfounded, excessive, of a repetitive nature or where more than one copy of the data is sought, a fee may apply.

Data Retention

The Adoption Authority will only keep a copy of documents/photographic identification submitted by you until your subject access request has been fully processed and issued to you and all relevant review or appeal procedure timelines have expired.

Completing this Form:

To assist the Adoption Authority in locating your personal data, please complete the form below, to the best of your ability. Please include details of any interaction you may have had with the Authority, the relevant time period within which this interaction occurred and any reference number(s) related to you. Also mention which department/area of the Adoption Authority you believe holds records relating to you i.e. domestic adoption, inter country adoption, social work, research, corporate services and or human resources.

**It is not mandatory to provide all of this information, however, provide as much information as is required to allow us to identify your personal data and to communicate with you.*

PART 1 – CONTACT DETAILS (BLOCK CAPITALS)	
Please note, we may contact you by phone to confirm your contact details in advance of sending correspondence to you.	
Full Name:	
Address:	
Eircode:	
Phone Number:	
Email (if applicable):	

PART 2 – DETAILS OF DATA SUBJECT (YOUR DETAILS)

If your request relates to the area of **Information & Records**. Please complete the relevant section below.

Please tick that which applies to you:

a) Adopted Person	<input type="checkbox"/>
b) Birth Mother	<input type="checkbox"/>
c) Birth Father	<input type="checkbox"/>
d) Adoptive Mother/Father	<input type="checkbox"/>
e) Acting on behalf of one of the above*	<input type="checkbox"/>

Please complete the relevant section which applies to you:

a) If you are an adopted person seeking information regarding your adoption please complete this section:

Your name:

Date & Place of Birth:

Adoptive Parents' name(s):

Address of Adoptive Parents at time of adoption:

Name of Adoption Agency:

b) If you are a birth mother seeking information please complete this section:

Your name:

Your name at time of child's birth:

Child's birth name:

Date of birth of child:

Child's place of birth:

Adoption Agency/Institution:

(A list of the records the AAI holds can be found [here](#))

c) If you are a birth father seeking information please complete this section:

Your name:

Address at time of adoption:

Child's name:

Child's birth date:

Child's mother's name:

Name of Adoption Agency:

d) If you are an adoptive parent seeking information please complete this section:

Your name:

Name at time of adoption placement:

Address at time of adoption:

Child's name:

Child's birth date:

Name of Adoption Agency:

e) If you are acting on behalf of one of the above, please complete this section:

Your name:

Name & date of birth of the data subject:

Are you acting with the consent of the data subject:

Please include any relevant additional Information that you have which will help us find the personal data that you are requesting.

Please complete this section if your request does **not** relate to Information & Records. Note any information which you believe will help us to find the information you are requesting.

PART 3 - DECLARATION

I declare that all the details I have provided in this Form are true and complete to the best of my knowledge.

Signature

Date

Please return the completed Form by post to:

**Data Protection Officer
The Adoption Authority of Ireland
Shelbourne House
Shelbourne Road
Ballsbridge Dublin 4
D04 R6F6**

Or by e-mail to: dataprotection@aai.gov.ie

PART 4 - CHECKLIST		
<u>Please remember to check that you have:</u>	YES	NO
1. Completed the Subject Access Request (SAR form in full)		
2. Signed and dated the Declaration above		
3. Provided sufficient details to locate your personal data		
4. Provided adequate proof of identity (Certified proof of Identity only)		

[Our Privacy Statement](#)

THE ADOPTION AUTHORITY OF IRELAND WILL TREAT ALL INFORMATION AND PERSONAL DATA THAT YOU PROVIDE AS CONFIDENTIAL, IN ACCORDANCE WITH THE GENERAL DATA PROTECTION REGULATION AND DATA PROTECTION LEGISLATION.

Further information on Data Protection can be found on the website of the Data Protection Commissioner – www.dataprotection.ie