Request for access to records under the Freedom of Information Act, 1997

For the attention of the FOI Officer, Pharmaceutical Society of Ireland, 18 Shrewsbury Road, Ballsbridge, Dublin 4

Details of Applicant

Surname: _____ First Name: _____

Postal Address: _____

_____

Contact Details: Telephone, Home: _____ Daytime Number: _____

Email address: _____

Personal Information

You will not normally be given access to personal information of another person unless you have obtained the written consent of that person.

If you are requesting personal information, please give any variations that may be relevant.
Before you are given access to personal information the Society will require proof of identity.

In accordance with section 7 of the FOI Act, I request access to records which are: (*please tick as appropriate)*

☐ Personal ☐ Non-personal (*Application fee required*)

Form of Access

My preferred form of access is: *(Please tick as appropriate)*

☐ To receive copies of the records by post

☐ Other – Please specify _____

Details of Request

I request the following records: (*Please describe the records as fully as you can)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____ Date: _____

Office use only: Date FOI request received: _____ Identity Verified: _____ Consent Confirmed:_____

Application fee: Amount received: _____ Sort code: _____ Cheque No: _____

Bank: Name: _____