

# Freedom of Information Request Form

Request for access to records under the Freedom of Information Act 2014

## What is this Form?

The Freedom of Information Act, 2014 allows public access to information held by public bodies (such as Stewarts Care Ltd.), that is not normally available or published. You can use this form to submit your information request under the Freedom of Information Act.

## Why do I need to fill in this form?

A request using Freedom of Information must be in writing. This form lists all the information we will need. You do not have to use this form to submit your Freedom of Information request.

## What do I need to do?

You should make it clear what information you are looking for and how you would like to receive the information.

## What next?

We will acknowledge your request within 5 working days and will provide a full response within 15 working days. If for some reason this is not possible, we will let you know why and keep you informed of progress.



### Part 1 – Personal Details (person making request)

*Please use block capitals*

<b>Full Name</b>	
<b>Address</b>	
<b>Eircode</b>	
<b>Contact Number</b>	
<b>Email Address</b>	
<b>How I want to receive the information (please tick one)</b>	<input type="checkbox"/> to receive copies of the record(s) by post <input type="checkbox"/> to receive copies of the record(s) by email <input type="checkbox"/> other (please specify) _____



## Part 2 – Details of Request

*Please provide as much information as possible to assist us to identify and locate the records requested.*

In accordance with section 12 of the Freedom of Information Act 2014, I request access to records that are (please tick):

- ☐ **Personal (information about me)**
- ☐ **Non-Personal (Information about Stewarts Care Ltd.)**

In the space below, please describe the records in as much detail as you can, If you are requesting personal information please state in whose name the records are held.

I request the following records

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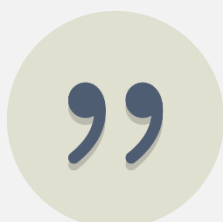


## Part 3 – Verification of Identity

In order for us to verify your identity, please provide:

Copy of **one** form of photographic identification (tick whichever provided):

- Current Passport ☐
- Current Driving Licence ☐
- Public Services Card ☐
- Other Official ID (please specify) ☐ \_\_\_\_\_



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

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