



# Freedom Of Information Request (Personal)

Beaumont Hospital / Ospidéal Beaumont



First Name:

Last Name:

Address:

Contact Number / Email Address:

Date of Birth:

*In order to provide your information in a timely manner, it is important that you provide clear instructions on the information request. This includes dates, departments, tests or services required.*

What Information I require:

Documentary evidence in support of your application must be provided.

- I.D. Provided, must be valid and in date.
- Proof of Address must be within the last 6 months.

**PLEASE DO NOT SEND ORIGINAL DOCUMENTS – COPY ONLY**

As proof of my identity, I attach a copy of one of the following I.D's:

Copy of Passport

**or**

Copy of Drivers Licence

**and**

Proof of Address

**Contact Us:** Monday to Friday, 9am to 4pm (excluding Bank Holidays)

✉ **Postal:** Freedom of Information Office, Beaumont Hospital, Dublin 9

✉ **Email:** [foi@beaumont.ie](mailto:foi@beaumont.ie)

☎ **Phone:** 01 809 3145

Signed:

Date:

**GDPR:** All information provided will be used and stored in compliance with General Data Protection Regulation and will not be used for any other use than for the purpose of this Request.