



“RIGHT TO ERASURE” REQUEST FORM

Under Article 17 of the EU General Data Protection Regulation (GDPR) you have the right to request the complete removal of personal data stored by HOPE without undue delay (right of erasure). You can exercise this right when:

- The controller no longer needs the data for the purpose that it was originally collected;
- The individual withdraws consent;
- The individual objects to the processing and the organisation has no overriding legitimate interest in the data;
- The controller or processor collected the data unlawfully;
- The data must be erased to comply with a legal obligation; or
- The data was processed in relation to the offer of information society services to a child.

HOPE can refuse to comply with a request for erasure if:

- The processing is protected by the right to freedom of expression;
- Processing the data is necessary to comply with a legal obligation for the performance of a public interest task or exercise of official authority;
- The data is for health purposes in the public interest;
- The data is being used for archiving purposes in the public interest, scientific or historical research, or statistical purposes; or
- The processing is necessary to exercise or defend legal claims.

HOPE can also refuse to comply with a request for erasure if it is manifestly unfounded or excessive, taking into account whether the request is repetitive in nature. If we consider that a request is manifestly unfounded or excessive we reserve the right to:

- request a "reasonable fee" to deal with the request; or
- refuse to deal with the request.

We will endeavour to respond promptly and in any event within one month of the latest of the following:

- Our receipt of your written request; or
- Our receipt of any further information we may ask you to provide to enable us to comply with your request.

The Hope Foundation - Right to Erasure Request Form

The information you supply in this form will only be used for the purposes of identifying the personal data for which you are requesting deletion and responding to your request. You are not obliged to complete this form to make a request but doing so will make it easier for us to process your request quickly.

SECTION 1: Details of the person requesting erasure

Full name:	
Address:	
Contact telephone number:	
Email address:	

SECTION 2: Are you the data subject?

Please tick the appropriate box and read the instructions which follow it.

YES: I am the data subject. I enclose proof of my identity (see below).

(PLEASE GO TO SECTION 4)

NO: I am acting on behalf of the data subject. I have enclosed the data subject's written authority and proof of the data subject's identity and my own identity (see below).

(PLEASE GO TO SECTION 3)

To ensure we are releasing data to the right person we require you to provide us with proof of your identity and of your address. Please supply us with a photocopy or scanned image (do not send the originals) of one of both of the following:

1) Proof of Identity

Passport, photo driving licence, birth certificate.

2) Proof of Address

Utility bill, bank statement, credit card statement (no more than 3 months old).

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If we are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request.

SECTION 3: I am acting on behalf of the data subject

Details of the data subject (if different from section 1)

Full name:	
Address:	
Contact telephone number:	
Email address:	

SECTION 4: On what grounds are you requesting removal of your personal data?

The right to erasure is not absolute and only applies in certain circumstances. Please tick the box next to the reason why you are requesting erasure.

The personal data is no longer necessary for the purpose which you originally collected or processed it for

I am withdrawing consent

I object to the processing and the HOPE has no overriding legitimate interest in the data

HOPE collected the data unlawfully

The data must be erased to comply with a legal obligation

SECTION 5: Declaration

I confirm that I have read and understood the terms of this Right to Erasure request form and certify that the information given in this application to The Hope Foundation is true. I understand that it is necessary for The Hope Foundation to confirm my / the data subject's identity and it may be necessary to obtain more detailed information in order to locate and delete the correct personal data.

Signed.....

Date

Documents which must accompany this application:

- Evidence of your identity (see section 2)
- Evidence of the data subject's identity (if different from above)
- Authorisation from the data subject to act on their behalf (if applicable)

Please return the completed form to:

Data Protection Officer
The Hope Foundation
Silverdale Grove
Ballinlough
Cork

Email: nessan@hopefoundation.ie

Phone: 087 2464259