

Request to Restrict Processing of Personal Data

Article 18 of the GDPR requires the HEA/Irish Research Council to restrict the extent of processing of personal data of a data subject on receipt of a valid request, if:

- a. The accuracy of the personal data is contested by the data subject
- b. The processing of the personal data is unlawful and the data subject opposes the erasure of the data
- c. The personal data is no longer required by the data controller, but retention is required by the data subject for the establishment, exercise or defence of legal claims
- d. The data subject has a pending objection to the processing of the personal data

If you wish the HEA to restrict the processing of your personal data please complete this form and submit it, with proof of identity that you are the Data Subject,¹ to The Data Protection Officer, Higher Education Authority, 3 Shelbourne Road, Dublin D04 C2Y6 or email it to dataprotection@hea.ie

If you are making the request on behalf of a Data Subject, an authorising letter signed by the Data Subject with proof of the Data Subjects identity must be submitted.

In order to process your request, the HEA may need to contact you to request additional information or to seek clarification. We will confirm the outcome of your request within 30 days of receiving your request.

PLEASE COMPLETE IN BLOCK LETTERS

Details of Data Subject	
Name:	
ID provided	
Contact Number	

Request to restrict processing of personal data

Please provide details of the processing of personal data that you wish to restrict

¹ Data Subject is the individual who has a right to request access to their Personal Data and is the person who is the subject of the Personal Data in question

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Declaration

I hereby declare and confirm that all information and supporting documents provided by me in connection with this Request are true, accurate and complete. I understand that it will be necessary for HEA to verify my identity and that HEA may contact me for more detailed information in order to process my request. I consent to the collection, use and disclosure of the personal data that I have provided in this form for the purpose of this request.

Name: (BLOCK CAPITALS)

Signature:

Date:

For Internal Use

Application Reference Number	
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Linked Reference Number if the data subject has made a previous request	
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Received by:		Date:	
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Referred to:		Date:	
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Date Request Completed:	
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Date Requestor Informed:	
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Comments: