

Request to Obtain Personal Data in a Portable Format (*Data portability*)

Article 20 of GDPR requires the HEA/IRC to provide all personal data concerning the data subject to the data subject in a structured, commonly used and machine readable format where:

- a. Processing is completed on the basis a contract
- b. Processing is completed based on the provision of consent by the data subject
- c. Processing is carried out by automated means

Additionally, the HEA/IRC is required to transmit the data outlined above directly to a controller specified by the data subject where technically feasible

If you wish us to transfer your personal data (*Data Portability*) to another organisation please complete this form and submit it to The Data Protection Officer, Higher Education Authority, 3 Shelbourne Road, Dublin D04 C2Y6 or email it to dataprotection@hea.ie

We may ask you for further information if we have reasonable doubts as to your identity. If you are making the request on behalf of a Data Subject¹, 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:	
Contact Email	
Contact Number	

Request to obtain personal data in a portable format
<p>Please provide details of the personal data you wish the HEA/IRC to transfer, together with details of the person or organisation to whom/which the data is to be transferred, and in what preferred format</p>

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

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 the HEA to verify my identity and that the 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

Linked Reference Number if the data subject has made a previous request

Received by:

Date:

Referred to:

Date:

Date Request Completed:

Date Requestor Informed:

Comments: