

Dublin City Council must ensure that any request to advocate or represent a tenant or resident is dealt with so that the rights of the resident/tenant under the Data Protection Act 2018 and General Data Protection Regulation (GDPR) 2018 are respected and guaranteed insofar as is possible.

Request Received

Formal requests to represent or advocate on behalf of a tenant or resident must provide the following information:

- Put their request in writing on the advocate own application form or on Dublin City Councils application form (See attached).
- Provide the City Council with any relevant information that is required to sufficiently confirm the identity of the person to be represented.
This **must** include the following: Copy of photo id (copy of Passport/Drivers Licence/PPS Card) and PPS Number.
- Appropriate ID should accompany the request to verify the requester’s identity e.g. on requesters own headed paper or application form
Application form **must** be signed by the applicant and the person to be represented.

Please note: An application to represent multiple members of the same family unit **must** include above id requirements and signatures or markings for each family member.

Dublin City Council reserves the right to verify any request with the tenant or resident.

Dublin City Council – Request to advocate/Represent on behalf of Tenant/Resident

<u>Requester/Advocate Details:</u>	
Full Name of Requester/Advocate:	
Relationship to Tenant/Resident/Applicant	
Organisation if applicable:	
Address:	
<u>Details of Person to be Represented:</u>	
Full Name:	
Date of Birth:	PPS Number:
Address:	
Photo ID provided: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Assistance/Information Required</u> <i>(Please select as appropriate)</i>	
(Please provide specific details on assistance/information required)	
<u>Consent to release records</u>	
I confirm that I am in need of representation and I consent to the above named Requester/Advocate acting on my behalf in the matter as outlined.	
Print name:	
Sign:	
Date:	

Please attach photo id to this form.