

# REQUEST FORM

**Contact Information:**

(Name (Last, First))

(Telephone number)

(Email address)

(Postal address)

Please indicate your preferred method of contact by ticking the box to the right.

If your preferred method of contact is the postal address, please indicate where you would like our response to be sent:

Home Address or  Business Address

If business address, please provide company name:

In order to help us identify systems that may contain information about you, please check the boxes below that describe your relationship with The Good Care Group Ltd.

- Job applicant
- Former employee or contractor
- Current employee of The Good Care Group Ltd.
- Employee family member, dependent, beneficiary or emergency contact
- Employee of The Good Care Group Ltd.'s Client or business partner
- Employee of The Good Care Group Ltd.'s supplier or vendor
- Individual – Consumer
- Other – please describe

If your information may be under another name, please provide that name and reason for the change:

We may request from you a certified copy of a valid official identification documentation to allow us to verify your name and address (e.g. valid passport or identity card).

If you request to access your Personal Data or request data portability, please specify the Personal Data which is subject to the request and confirm that they may be sent by email to the address above or, if technically feasible, to the address of a new Controller as set out below, for the data portability request:

If you request rectification of your Personal Data, please specify below the data to be rectified, and provide the justification for such request:

If you request that the Processing of your Personal Data is restricted please specify the processing in issue, and provide the justification for such request:

If you request the erasure of your Personal Data, please specify below the Personal Data to be deleted and provide the justification for such request:

If you object to the processing of your Personal Data, please specify below the Personal Data you object to us processing and provide the justification for such objection:

*The information collected in this form is intended to enable the relevant Local Single Data Protection Point of Contact and/or the Global Data Protection Office to respond to your Request. This information will be archived after the Request has been treated for (01) one year and then deleted. For any question related to this Request Form, please send your Request at the following email address: [privacy@thegoodcaregroup.com](mailto:privacy@thegoodcaregroup.com).*