***DATA PROTECTION CONSENT FORM***

**INDIVIDUAL WELL GRANTS**

**Data Protection Acts 1988 & 2003 as amended**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , consent to the collection and processing of the data provided by me by Kilkenny County Council and the sharing of this data with relevant agencies/bodies for the purposes of processing an individual well grant.

I agree that Kilkenny County Council when assessing my application may contact other Government Departments including Department of Housing Planning and Local Government to confirm the information provided.

Any personal information which you provide may be shared/exchanged with other Government Departments/Agencies in accordance with the law and will be used by Kilkenny County Council and other Agencies to carry out our legal obligations.

Kilkenny County Council will treat all information and personal data you give us as confidential. We will retain your data for no longer than is necessary for the purpose of processing your Subsidy Grant and in accordance with the Council’s Retention Policy.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(in Block Capitals)

⃝ I do not consent to my data being processed, shared and stored by Kilkenny County Council for the purposes outlined above.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(in Block Capitals)