

HOUSING DEPARTMENT
County Hall, Dun Laoghaire, Co. Dublin, Ireland.
Halla an Chontae, Dun Laoghaire, Co. Atha Cliath, Eire.
Tel: 01 2054840/2054391 Fax 01 204 7242 Web:www.dlrcoco.ie

APPLICATION FOR ALTERATIONS TO COUNCIL RENTED DWELLING FOR PERSONS WITH A DISABILITY.

Name of Tenant(s):- _____

Address:- _____

Tenant Account No:- _____

Telephone No:- _____ **Mobile:** _____

Date Tenancy Commenced: _____

Details of all persons residing living in dwelling (including tenants):-

Name	Date of Birth	Relationship to Tenant

Description of House:-

Mid-Terrace	End-Terrace	Semi-Detached	Detached	Other

Number and Description of rooms in dwelling:-

Bedrooms	Living Rooms	Bathroom W.C.	Other

Details of Bedroom Accommodation:-

	Size of Bedroom	Occupants
Bedroom 1		
Bedroom 2		
Bedroom 3		
Bedroom 4		

Name of Disabled Person:- _____

(a) Relationship to Tenant(s): _____

(b) Date of Birth of Disabled Person: _____

(c) Occupation (if any): _____

(d) How long has he/she been disabled: _____

(e) Nature of Disability:

Details of Treatment:

General Description of work required

And why it is necessary:

Signature of Tenants

Date

Please return the completed form including Data Processing Consent Form and Certificate of Doctor to:-

**Dun Laoghaire-Rathdown County Council,
Housing Department,
Level 2,
County Hall,
Dun Laoghaire,
Co. Dublin.**

Data Processing Consent Form

The Information you provide:

Data Processing - What we use it for:

The information provided will enable Dún Laoghaire-Rathdown County Council to make a determination in relation to the approval of your Application for Alterations to Council Rented Dwelling for Persons With a Disability

Data Retention - How long will we hold on to the information provided:

The information provided will be held on file in line with Dún Laoghaire-Rathdown County Council's Data Retention Policy.

Data Security - Who has access to this information?

Dún Laoghaire-Rathdown County Council take appropriate security measures against unauthorised access to, or alteration, disclosure or destruction of the data and against its accidental loss or destruction. Dún Laoghaire-Rathdown County Council undertake to ensure that the information provided will only be accessed by the minimum amount of personnel that is required to make a determination in relation to the approval of your Application for Alterations to Council Rented Dwelling for Persons With a Disability

Processing of Sensitive Personal Data/Special Categories of Data

Dún Laoghaire-Rathdown County Council is committed to protecting the rights and privacy of individuals in accordance with the Data Protection legislation. Dún Laoghaire-Rathdown County Council publish a Privacy and Data Protection Statement on their website (<https://www.dlrcoco.ie/en/council-democracy/governance/data-protection-and-gdpr>).

Explicit Consent

The information you are providing with this form relates to 'sensitive personal data/special categories of data' as defined in Data Protection legislation, (e.g. Data relating to health) and explicit consent from the data subject in relation to this information is required in order to process your application.

Should you wish to withdraw your consent please email housinggrants@dlrcoco.ie quoting the application number, your name and detailing that you wish to withdraw your consent.

Consent

I _____ consent to Dún Laoghaire Rathdown County Council processing the sensitive personal data/special category of data submitted with this form for the purpose of the Awarding Authority making a determination in relation to the approval of an Application for alterations to Council Rented Dwelling for Persons with a Disability

I understand that I can withdraw my consent at any time.

Signed: _____ Date: _____

CERTIFICATE OF DOCTOR

I hereby certify that the works outlined in this application are necessary for the proper accommodation of :-

Name of Patient:

Address of Patient:

What Patient is suffering from:

Signed: _____

Date: _____

Name and Address of Doctor (in Block Capitals or Stamp)

