Government Information (Public Access) Act 2009
ACCESS APPLICATION

Please complete this form to apply for formal access to government information under the Government Information (Public Access) Act 2009 (GIPA Act). If you need help in filling out this form, please contact the Right to Information Officer, NSW Ministry of Health, on 9391 9263 or visit our website at http://www.health.nsw.gov.au/

1. Your details

Surname: ........................................................................................................................................ Title: Mr / Ms

Other names: ....................................................................................................................................

Postal address: ................................................................................................................................. Postcode: ............

Day-time telephone: ................................................ Facsimile: ........................................................

Email: ................................................................................................................................................

☐ I agree to receive correspondence at the above email address.

2. Proof of identity

Only required when an applicant is requesting information on their own behalf.

When seeking access to personal information, an applicant must provide proof of identity in the form of a certified copy of any one of the following documents:

☐ Australian driver’s licence with photograph, signature and current address

☐ Current Australian passport

☐ Other proof of signature and current address details

3. Government information

Please describe the information you would like to access in enough detail to allow us to identify it.

Note: If you do not give enough details about the information, the agency may refuse to process your application.

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Are you seeking personal information? Yes / No (circle one)
**4. Form of access**

How do you wish to access the information?

- Inspect the document(s)
- A copy of the document(s)
- Access in another way (please specify)

**5. Application Fee**

I attach payment of the **$30 application fee** by cash / cheque / money order (circle one).

(Note: please do NOT send cash by post)

**6. Disclosure log**

If the information sought is released to you and would be of interest to other members of the public, details about your application may be recorded in the agency’s ‘disclosure log’. This is published on the agency’s website.

Do you object to this?  **Yes / No** (circle one)

**7. Discount in processing charges**

If you are given access to the information sought, you may be asked to pay a charge for processing the application ($30 / hour). Some applicants may be entitled to a 50% reduction in their processing charges. If you wish to apply for a discount, please indicate the reason:

- Financial hardship – please attach supporting documentation (eg a pension or Centrelink card).
  
  AND / OR

- Special benefit to the public – please specify why below:

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Applicant’s signature:  .................................................................

Date:  .............................................................................................

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Please post this form or lodge it at: Senior External Relations Officer, Strategic Relations and Communications Branch, NSW Ministry of Health, 73 Miller Street, North Sydney NSW 2060.

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*General information about the GIPA Act is available by calling the Information and Privacy Commission freecall 1800 472 679 or at its website: [http://www.ipc.nsw.gov.au](http://www.ipc.nsw.gov.au)*

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**Office use only**

Date application received: .............................................................

File reference: ......................................................................................