



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 filling out this form, please contact the Right to Information Officer on Tel: 4320 3570 or Email: CCLHD-PrivacyRTI@health.nsw.gov.au .

This is not the application form for medical records. Please contact Health Information Services Medico Legal on Tel: 4320 2023 or Email: CCLHD-HISMedicolegal@health.nsw.gov.au to apply for medical records.

1. Your details

Surname: **Title:** Dr/Mr/Ms/Miss/Mrs

Other names:

Postal address: **Postcode:**

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Phone: **Mobile:**.....

Email:

The questions below are optional and the information will only be used for the purposes of providing better service.

Country of birth: **Main language spoken:**

Aboriginal or Torres Strait Islander: Yes / No (circle one)

Do you have special needs for assistance with this application?

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I agree to receive correspondence at the above email address.

2. Proof of identity

When seeking access to personal information, an applicant (or the person to whom the information pertains) 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

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3. Government information

Please describe the information you would like to access. Please be specific, for example, timeframes, exact areas, names of documents.

Note:

- If you do not give enough details about the information, the agency may not be able to process your application
- Do not use this form to apply for medical records. Apply for medical records from Health Information Services Medico Legal, CCLHD-HISMedicolegal@health.nsw.gov.au

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Type of information you are seeking: Personal Other

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).....
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5. Application Fee

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

*Please make cheques and money orders payable to **Central Coast Local Health District**.*

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

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 (does not include the application fee). 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:

Please post this form to:

Right to Information Officer
Ministerial and Executive Services
Central Coast Local Health District
PO Box 361
Gosford NSW 2250

General information about the GIPA Act is available by calling the Information and Privacy Commission (IPC) on 1800 472 679 or visiting the IPC's website: www.ipc.nsw.gov.au

Office use only

Date application received:

File reference: