

**Government Information (Public Access) Act 2009 (GIPA)**

**ACCESS APPLICATION**

*Before you fill in this form please go to <http://www.nslhd.health.nsw.gov.au/AboutUs/publications> and look to see whether the information you want is already available. Further information regarding Right to Information is available at <http://www.nslhd.health.nsw.gov.au/AboutUs/righttoinformation>. If in doubt contact the Right to Information Officer on 9462 9947 or email [carol.parker@health.nsw.gov.au](mailto:carol.parker@health.nsw.gov.au) and ask if the information is already available or can be made available without a formal access application under the GIPA Act*

**Applicant Details**

**Family name:**..... **Title:** Mr / Ms / other.....

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

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

**Day-time telephone:**..... **M:**..... **Fax:**.....

**Email:** (optional):.....

I agree to the release of my name to any other (third) parties the LHD may need to consult as part of my application. I understand that not agreeing could affect the outcome of my application.

**I would like the following information from the NSLHD**

.....  
.....  
.....

***Note:** For your application to be processed, you need to provide enough details for us to identify the information you want. For help contact the Right to Information Officer at the above contact details*

Please give the date range the information is to cover:.....to.....

Optional: My reason for making this application:  
.....

**Application Fee**

Attach payment of the **\$30 application fee** by cheque or money order made out to: Northern Sydney Local Health District. Or make a Credit Card payment (last page of this document contains credit card payment form) or transfer payment to the NSLHD Bank Account (details on last page)

**Form of access**

*We will provide you with a copy of the information released. If the information requested is more than 20 pages we will provide it on a computer disc, otherwise you will receive it by post/email. Please advise if you require access in another way*

**Proof of identity required for personal information**

*For access to your own or another person’s personal information we need you to provide proof of identity. This is to comply with privacy requirements. Please provide a copy of the following documents with your application:*

- Australian driver’s licence showing current address, or
- Current Australian passport, and current address details, or
- Other proof of name, signature and current address details

**Personal Information**

I am seeking my own personal information and include proof of my identity.

My date of birth is:.....

*If you are applying on behalf of another person, please provide written authority and ID from that person as privacy issues may apply. You also need to provide your ID.*

I am seeking personal information about: (name) .....

I include proof of identity for: (name) .....

*If you are requesting information about your child (14 years or over) your child needs to give you written authority, as privacy issues may apply. Please provide identification for both you and your child and proof of your relationship (e.g. child’s birth certificate or passport, your Benefit Card or Medicare Card showing child’s name)*

**Processing charges**

*You may be asked to pay a charge for processing the application (\$30 per hour). If a charge applies, we will provide you with an estimate of the total payable.*

*In some circumstances the processing charge may be reduced. If you wish to request a reduction please provide evidence of why you are doing so. A 50% reduction automatically applies to holders of a current Pensioner Concession Card issued by the Commonwealth, full-time students and non-profit organisations (does not apply to the Application Fee)*

**Signature and declaration**

I declare that the information I have provided on this form is true and correct.

Signed: ..... Date: .....

**Privacy Notice:** The information provided on this application form is being obtained for the purpose of processing your GIPA application. Providing this information is required by law. It will be stored securely. If you do not provide all or any of this information it could prevent or delay the processing of your GIPA application.

Please post this form or lodge it at: **NSLHD, PO Box 4007, RNSH LPO, ST LEONARDS NSW 2065**

**OR NSLHD Executive Office, Building 51, RNSH Campus**

**Office use only**

Date application received: .....

File reference: .....

**NSLHD – Credit Card Payment Form**

Enter the details of the payment below. All fields marked with an asterisk \* **must be completed**

*	<b>Family Name:</b>		Family name of person making the application
*	<b>Given Name</b>		Given name of person making the application
*	<b>Cardholder name:</b>		Name on Credit Card
*	<b>Card Number</b>	_____ / _____ / _____ / _____	
*	<b>Card Type:</b>		Visa or MasterCard Only
*	<b>Card Expiry Date:</b>	_____ / _____	e.g. 05/18
*	<b>Amount:</b>	\$ _____	An application fee under the GIPA Act is \$30
	<b>Optional:</b> Send receipt to: Mailing address or Email	Paying: <input type="checkbox"/> Application Fee payment <input type="checkbox"/> Advanced Deposit Processing Charges <input type="checkbox"/> Balance Processing Charges <input type="checkbox"/> Processing Charges – Total Amount	

**For transfer of payment through your bank**

Please see below for bank account details for Northern Sydney Local Health District.

Banking Institution	Westpac
BSB Number	032-099
Bank Account	520757
Account Name	Northern Sydney Local Health District Operating
Email address for remittance	NSLHD-EXCHARGE@health.nsw.gov.au

Please include in the payment description **GIPA request, Cost Centre: 260422, Account Number: 42 08 35 and your organisation name.**

**This form will be securely stored until payment confirmed. Once payment is confirmed, the credit card information will be destroyed according to LHD procedures**

**Office use only**

Date application received: .....

File reference: .....