

# Government Information (Public Access) Act 2009 (NSW) 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 Principal Privacy & GIPA Officer Officer on 9462 9947 or email <u>NSLHD-PrivacyandGIPA@health.nsw.gov.au</u>

Further information is on our website at <u>www.nslhd.health.nsw.gov.au</u>

| Your Details  |                             |                         |                                  |  |  |
|---|-----------------------------|-------------------------|----------------------------------|--|--|
| Title (Mr/Mrs):   | Surname                     |                         |                                  |  |  |
| Given names   |                             |                         |                                  |  |  |
| Postal address  |                             |                         |                                  |  |  |
|   |                             |                         | Postcode                         |  |  |
| Contact phone   | Ema                         | ail                     |                                  |  |  |
| l agree to receive correspondence at the above email address<br><b>Note:</b> Your application will not be valid unless it includes an Australian postal address or email address. |                             |                         |                                  |  |  |
| Applicant type:   | Member of Parliament        | Media Representative    | Union/Local Interest Group       |  |  |
|   | Legal Representative        | Patient/Former Patient  | Staff Member/Former Staff Member |  |  |
|   | Member of Public            | Private Sector Business | Other                            |  |  |
| Do you have special n   | eeds for assistance with th | is application?         |                                  |  |  |

#### **Government Information**

Your application will not be considered valid unless you provide enough details to enable Northern Sydney Local Health District (NSLHD) to identify the information you are seeking. For example, statements such as 'including but not limited to...' and 'all records held in relation to...' will likely result in an application being deemed as invalid.

Should NSLHD find the scope of your application be too broad, you will be invited to amend the scope of your application. NSLHD can refuse to deal with your application if it considers dealing with the application requires an unreasonable and substantial diversion of resources.

You can only apply for access to information that is held by NSLHD, at the time the application is received by NSLHD.

NSLHD is not required to create a new record in order to respond to your application but a new record may be created if it is more administratively convenient. For example, a summary document can be created from information within source documents.

If you require more space, please attach additional pages

To minimise processing time and cost to you, you may wish to limit the scope of your application by clarifying what you are seeking that may be contained in certain records held by NSLHD, such as:

| By date:  |  |                |  |
|---|--|----------------|--|
|   | (i.e. only records created between X date and X of | late, or recor | rds created after X date)                          |
| By type:  |  |                |  |
|   | (i.e. only external correspondence sent or receive | ed by the NS   | LHD, and not any internal working papers of NSLHD) |
| By location:  |  |                |  |
|   | artment or branch)                                 |                |  |
| Are you seeking personal information?<br>If yes, complete the proof of identity section below |  | Yes            | No   |
| lf you have applied   | to another agency for substantially the            | ,              |  |

If you have applied to another agency for substantially the same information, please provide the name of the other agency

# **Proof of Identity**

When seeking access to personal information you must provide proof of identity. This need to be a certified copy of any one of the following documents:

Australian driver's licence (with photograph, signature and current address)

Current Australian passport

Other (with signature and current address)

If you are completing this form on behalf of someone else, please attach evidence of your authorisation to do so. An original signed authority by the applicant is required.

## **Court/Legal Proceedings**

An agency may refuse to deal with an access application if the agency reasonably believes the applicant, or person acting in concert with the applicant, is party to current proceedings before a court and able to apply to that court for the information.

I confirm that no such proceedings are on foot with respect to the information requested in this application, or,

I confirm there are legal proceedings on foot with respect to the information requested in this application.

# Type of Access

How do you wish to access the information:

A copy of the document(s)

Other, please specify:

## **Third Party Consultation**

Under section 54 of the GIPA Act, if the information you are requesting contains information about another person, business or government agency, NSLHD may be required to consult with third parties before deciding your application. The purpose of this consultation is for NSLHD to determine whether the third party has an objection to disclosure of some or all of the information being requested.

Please indicate your consent to your identity as an applicant being disclosed to the involved third party:

Do you object to this?

Yes No

#### **Disclosure Log**

If the information sought is released to you and we consider it may be of interest to other members of the public, details about your application may be recorded in the our 'disclosure log'. This is published on our website. If you object to this, we must first decide if you are entitled to object and if so, whether the objection outweighs the general public interest in including this information in the disclosure log.

You can only object to the inclusion of information on an agency's disclosure log for one or more of the following grounds:

- The information includes personal information about you (or a deceased person for whom you are the personal representative).
- The information concerns your business, commercial, professional or financial interests.
- The information concerns research that has been, or is being, or is intended to be, carried out by or on your behalf.
- The information concerns the affairs of a government of the Commonwealth or another State (and you are entitled to act on behalf of that government agency).

Do you object to this?

Yes No

If we decide to include information in our disclosure log despite your objection, you can seek a review of this decision.

# **Application Fee**

An application fee of \$30.00 is due by the applicant prior to commencement of processing your access application. NSLHD accepts the following payment methods:

**Cheque or money order:** Please address cheque or money order to Northern Sydney Local Health District, and attach to your GIPA Application Form.

Credit card: Payments by credit card must be made over the phone with NSLHD Revenue & Receipting Department.

- Call (02) 9462 9832, Monday Friday, 8:30am 4:00pm
- Provide your name and the name of GIPA applicant (if different), and advise you are making a payment for GIPA Application Fee
- NSLHD Revenue & Receipting will provide you with a receipt via email. Please attach a copy of this receipt with your GIPA Application.

Email for receipt of payment:

## **Processing time fee**

You may be asked to pay a fee for processing the application of \$30 per hour.

Some applicants may be entitled to a 50% reduction in their processing time fee. If you wish to apply for a discount, please indicate the reason:

Financial hardship-please attach supporting documentation such as a pension or Centrelink card.

Special benefit to the public - please specify:

#### Information for applicants

Please try to provide as much detail as you can to help us identify the documents you want.

You will be contacted within 5 working days after the application is received to notify you of the agency's decision as to the validity of your application.

An application is not valid if it is an application for excluded information of the agency or does not comply with the formal requirements for access applications as per section 41 of the GIPA Act.

Your request will be dealt with as soon as possible and in any case within twenty working days after it is registered. However, if an agency is obliged to conduct third party consultations, section 54 of the GIPA Act provides for an additional 10 working days (up to a maximum of 15 working days, unless an extension of time is required) in which to process the application.

If the documents you seek are more likely to be held by another Agency, your request will be transferred, and you will be notified.

Applicant signature

Date

#### Return this form with your application fee of \$30 to:

Principal Privacy & GIPA Officer Northern Sydney Local Health District PO Box 4007 RNSH LPO St Leonards NSW 2065

or email: NSLHD-PrivacyandGIPA@health.nsw.gov.au

## **Privacy statement**

Under the GIPA Act you must provide your name and address or email address and a description of the information you seek access to. If you do not provide all information requested, we may not be able to process your application. Your details will be stored and managed in accordance with the Privacy and Personal Information Protection Act 1998 and the State Records Act 1998. Your information will not be used for any other purpose and will not be given to any other third party except where required by law.