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| FOI APPLICATION FOR INFORMATION - *Freedom of Information Act 1992* | | | | |
| **DETAILS OF APPLICANT** *(Please print)* | | | | |
| **Family Name:** |  | | | |
| **Given Name:** |  | | | |
| **Previous Names**  *(if applicable):* |  | | | |
| **Date of birth:** |  | | | |
| **Australian Postal Address:** |  | | | |
| **Phone***:* |  | **Mobile:** | |  |
| **Are you applying for information about another person?** | | | | Choose an item. |
| **If you answered “Yes”, please provide details of the other person***(including previous names)* | | | | |
| **Family Name:** |  | | | |
| **Given Names:** |  | | | |
| **Date of birth:** |  | | | |
| **Australian Postal Address:** |  | | | |
| **Phone***:* |  | **Mobile:** | |  |
| If you are applying on behalf of someone else you must provide identification which clearly shows that you are the closest living relative to the subject of the application e.g. guardianship order, birth certificate, death certificate, marriage certificate in addition to providing personal identification. If you are not the closest relative, you must provide written authorisation form the closest relative permitting you to access the information. | | | | |
| **DETAILS OF REQUEST** | | | | |
| Please describe the documents requested in as much details as possible, include date ranges of document, titles or other identifiers as appropriate. If the below space is insufficient, please provide an attachment to this document. | | | | |
|  | | | | |
| **METHOD OF COLLECTION (please circle preferred method):** | | | | |
| Collect documents physically / Receive documents by mail  **Please be aware that applications are provided on a USB unless specified otherwise.** | | | | |
| **FEES AND CHARGES** | | | | |
| **There are no fees or charges for personal information (e.g. Medical Records)**  Non-Personal information is subject to an application fee of $30.00. A processing fee may also be applicable. All due charges must be paid before access will be granted. In certain cases a reduction of costs may apply. | | | | |
| **Signature of Applicant:** | | | **Date:** | |
| **Please attach copies of two forms of valid identification, one with a current signature and photograph.** | | | | |