

Freedom of Information (FOI)
Application for Information
Under the *Freedom of Information Act 1992 (WA)*

Details of applicant

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:

**Your relationship
to the person:**

Authority to Act

If you are seeking documents on behalf of another person, you must provide evidence of your Authority to Act on their behalf, which must be signed by all parties.

If you are applying for information in relation to a deceased person, you must provide personal identification and evidence 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). If you are not the closest relative, you must provide written authorisation from the closest relative permitting you to access the information.

DETAILS OF REQUEST

Please describe the documents requested in as much details as possible, including date ranges of documents, titles and subject matter. If the below space is insufficient, please provide an attachment to this document.

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METHOD OF SUPPLY

Documents are provided electronically via email.

If you require physical copies of documents, please advise of this and state whether you wish to collect them in person or receive them in the post.

FEES AND CHARGES

There are no fees or charges for requests for copies of your personal information. See: [What is Personal Information under the FOI Act? Office of the Information Commissioner](#)

A request for documents that are non-personal or contain matter relating to other people, is subject to an application fee of \$30.00.

A processing fee may also be applicable.

Should HSS require you to pay a fee, an invoice and instructions for payment will be sent to you.

All due charges must be paid before access will be granted. In certain cases, a reduction of costs may apply.

Signature of Applicant:

Date:

Collection of your personal information and proof of identification:

HSS collects your personal information for the purposes of identifying and contacting you. The *Freedom of Information Act 1992 (WA)* allows for agencies to take reasonable steps to identify the applicant before providing personal information or allowing for the amendment of personal information.

To allow us to identify you, please provide a form of proof of identification with photo.

If you do not provide us with this information we may not be able to assist you with your application.

Click [here](#) to view the HSS Privacy Policy and HSS Privacy Statement which provides further details about how your personal information is collected, managed, used, disclosed, and how to lodge a privacy complaint.

Lodgement of this application form:

Please submit this application form to:

Governance Risk and Compliance

Office of the Chief Executive

Health Support Services

Hss.grc@health.wa.gov.au