

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 in filling out this form, please contact the Right to Information Officer on +61 2 9464 4666 or visit our website at www.aci.health.nsw.gov.au/

1. Your details

Surname: **Title:** Mr / Ms

Other names:

Postal address: **Postcode:**

Day-time telephone: **Facsimile:**

Email:

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

Place 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

Only required when an applicant is requesting information on their own behalf.

When seeking access to personal information, an applicant must provide proof of identity in the form of a *certified copy* of any one of the following documents:

Australian driver's licence Current Australian passport
with photograph, signature and current address

Other proof of signature and current address details

3. Government information

Please describe the information you would like to access in enough detail to allow us to identify it.

Note: If you do not give enough details about the information, the agency may refuse to process your application.

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Are you seeking personal information? **Yes / No** (circle one)

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)

5. Application Fee

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

(Note: please do NOT send cash by post)

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. 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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General information about the GIPA Act is available by calling the Office of the Information Commissioner on freecall 1800 INFOCOM (1800 463 626) or at its website: www.oic.nsw.gov.au

Office use only

Date application received:

File reference:

Applicant's signature:

Date:

Please post this form or lodge it at:

Postal Address:

Right of Information Officer
Agency for Clinical Innovation
PO Box 699
CHATSWOOD NSW 2057

Street Address:

Right of Information Officer
Agency for Clinical Innovation
Level 4, Sage Building
67 Albert Avenue
CHATSWOOD NSW 2067

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