



FREEDOM OF INFORMATION

ACCESS REQUEST FORM

Details of Applicant

Surname: _____ First Name: _____
 Postal Address: _____
 _____ Postcode: _____
 Date of Birth: ____/____/____
 Phone number: Home: _____ Work: _____ Mobile: _____

Details of Request

I wish to access the following document(s)/information:

- I wish to inspect the document(s): Yes No
 I wish to obtain a copy of the document(s) Yes No
 I wish to receive a summary of the document(s) Yes No
 I wish to view the documents and have an explanation provided at the time by a health professional Yes No

I acknowledge that the Application Fee is **\$30.60** (GST/Pensioner Concession/Health Care card exempt) and is payable at the time of application. *An official receipt is issued.*

I supply the following documents as proof of identity and agree to a photocopy being retained with this application.

- driver's licence passport birth certificate Pensioner Concession/Health Care card
 other _____

I understand that charges may be made in respect of this request and I will be notified of these charges. After notification of cost, I shall indicate if I wish to proceed with this request.

Signature: _____ Date: ____/____/____