



SEYMOUR HEALTH
 BRETONNEUX ST., SEYMOUR 3660
 Phone: (03) 5793 6100 - Fax (03) 4720 3111

FREEDOM OF INFORMATION

ACCESS REQUEST FORM

Details of Applicant

Surname: _____ First Name: _____

Postal Address: _____

_____ Postcode: _____

Date of Birth: ____/____/____

Phone number: Home: _____ Work: _____ Mobile: _____

Your Unit Record No (if known): ____/____/____/____/____/____/____

Details of Request

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

The reasons I request access to the following document(s) is:

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 **\$31.80** (GST 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

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: ____/____/____

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First Issued: <#issue_date>	UNCONTROLLED WHEN DOWNLOADED	Review By: <#next_review_date>
Version Changed: <#revision_issue_date>		