

Information Act

Section 18

APPLICANT DETAILS

Title (Mr, Mrs, etc): _____ First Name: _____ Surname: _____

Postal Address: _____ Postcode: _____

Telephone: (Home) _____ (Business) _____ (Mobile) _____

Email Address: _____ Fax: _____

If you want to access your personal information, please provide your Date of Birth: ____/____/____

Preferred method of contact: Email Fax Mail Phone: _____

IDENTIFICATION REQUIRED

We need proof of your identity before we accept your application. If you are applying in person you can produce identification documents to a staff member. If you are posting, faxing or emailing this form you may attach a certified copy of your identification documents e.g. passport, drivers licence. Identification can be certified by a Commissioner for Oaths, Police Officer, doctor or a person who has known you for five years or more.

I have attached a copy of identification document(s)

DESCRIPTION OF THE INFORMATION YOU WANT

Please provide a detailed description of the information that you want e.g. dates created, location, what your request is about, who was involved etc. Attach another sheet of paper with more details if necessary.

APPLICATION AND PROCESSING FEES

If your application is only for access to your personal information, there is no application fee. If your application is for information that is not about you, or a mix of non-personal and personal information, you must pay a \$30 Application fee. Fees may be paid by cheque or money order, or if you choose to pay at a Receiver of Territory Monies you should attach your receipt to this application. Processing fees may also apply to any application. In some cases fees may be waived or reduced.

- I only want access to my own personal information (No Application fee)
- I attach a \$30 cheque / money order / receipt from Receiver of Territory Monies
- I attach a completed Application to Waive or Reduce Fees form in relation to Application and/or Processing Fees

METHOD OF ACCESS

Access to information can be provided by giving you photocopies of documents (a photocopy fee of 20 cents per page usually applies), or sending them by other means e.g. electronically, or you may inspect the originals (A fee of \$25 per hour of supervised access may apply in some circumstances).

- I would like to receive copies
 I want to inspect the originals
 Other (please specify e.g. electronic copy)

APPLICANT'S SIGNATURE AND DATE

Sign Here: _____ Date: ____ / ____ / ____

SENDING APPLICATION FORM AND PAYMENT

Post the completed form and cheque, money order or Receiver of Territory Monies receipt to:

Information and Privacy Unit
Legal Services Branch
Department of Health & Community Services
PO Box 40596
CASUARINA NT 0811

Or hand deliver to:

Information and Privacy Unit
2nd Floor
Casuarina Plaza
Cnr Trower Road and Vanderlin Drive
CASUARINA NT 0810

Or

Fax: (08) 8922 7272

Email: infoprivacyhealth@nt.gov.au

Hours: 8.30 – 4.00 Monday to Friday

Phone: (08) 8922 7049

PRIVACY STATEMENT

The *Information Act* requires you to provide your name and address for correspondence as well as sufficient details to identify the information you want. Additional contact details assist the Department to process your application. Some personal information may have to be disclosed to other people to satisfy consultation requirements in the Act and make an informed decision on your request. More information about our Privacy Policy is available at www.infoprivacyhealth.nt.gov.au or by contacting the Information and Privacy Unit.

OFFICE USE ONLY

Cost Code: _____ Application Number: _____ Date Received: ____ / ____ / ____

Applicant Fee Received: Yes No Receipt Number: _____

Satisfied of Applicant's Identity: Yes No Identification Based On: _____

Receiving Officer's Name: _____ Position: _____