

# Government Information (Public Access) Act 2009

## ACCESS APPLICATION

*Before you fill in this form please read the information on our website. You should read the Department's agency information guide at [www.det.nsw.edu.au/information-access](http://www.det.nsw.edu.au/information-access) or contact the Information Access Unit to check whether the information you are seeking is already publicly available or available outside the formal access process under the GIPA Act.*

### Applicant details

**Surname:** ..... **Title:** Mr / Ms / other .....

**Other names:** .....

**Postal address:** .....  
(compulsory)

**Postcode:**.....

**Day-time telephone:** ..... **M:** ..... **Fax:**.....

**Email (optional):** .....

☐ I agree to the release of my name to any other (third) parties the department may need to consult as part of my application. I understand that disagreeing could affect the outcome of my application.

**I apply for access to the following information from the Department of Education & Communities.**

.....  
.....  
.....  
.....

**Note:** Your application is not valid unless you provide enough details to enable the Department to identify the information you are seeking. For help go to the website [www.det.nsw.edu.au/](http://www.det.nsw.edu.au/) or contact the Department's Information Access Unit.

Information is to cover the following period: from ..... to .....

**Optional:** My reason for making this application:

.....

### Application Fee \$30

- ☐ I attach payment of the **\$30 application fee** by cheque or money order made out to:  
Department of Education and Communities.
- ☐ I wish to make payment by Credit Card (*go to last page which contains credit card payment form*)

### Form of access

*We will provide you with a copy of the information released. If the information requested amounts to more than 20 pages the Department's policy is to provide you with a copy of the information on a computer disc. Please advise if you require access in another way.*

### Proof of Identity required for personal information

*When seeking access to your personal information or your child's we require you to provide proof of identity to comply with privacy requirements. Please provide a copy of the following documents with your application:*

- Australian driver photo licence showing current address, or
- Current Australian passport, and current address details, or
- Other proof of name, signature and current address details

## Personal Information

☐ I am seeking my own personal information and include proof of my identity.

My date of birth is:     /     /                      [DEC Staff ID number:.....]

*If you are applying on behalf of another person other than your child, please provide written authority and ID from that person as privacy issues may apply. You also need to provide your ID.*

☐ I am seeking personal information about my child: .....(name).

Date of birth of child is:     /     /     ☐ I include proof of identity for me and my child (see note below)

Name of last school attended: ..... Last school year: .....

*Please provide identification for both you and your child and proof of your relationship (e.g. child's birth certificate or passport, your Benefit Card or Medicare Card showing child's name). If your child is over 12 years old, your child needs to give you written authority, as privacy issues may apply.*

## Processing charges

*You may be asked to pay a charge for processing the application (\$30 per hour). If a charge applies, we will provide you with an estimate of the total charge.*

*If you wish to apply for a reduction of the processing charge, you will be required to provide evidence. A 50% reduction applies to holders of a current Pensioner Concession Card issued by the Commonwealth, full-time students, and non-profit organisations.*

## Signature and declaration

I declare that the information I have provided on this form is true and correct.

Signed ..... Date ...../...../.....

## Privacy Notice

The information provided on this application form is being obtained for the purpose of processing your GIPA application. Providing this information is required by law. It will be stored securely. If you do not provide all or any of this information it could prevent or delay the processing of your GIPA application.

**Please post this form to:** **ENQUIRIES AND CONTACT:**

Manager, Information Access Unit	Information Access Unit
Department of Education and Communities	T: 9561 8151 F:9561 1157
GPO Box 33	Email: <a href="mailto:xxxxxx@xxx.xxx.xx">xxxxxx@xxx.xxx.xx</a>
Sydney NSW 2001	Website: <a href="http://www.det.nsw.edu.au/information-access">www.det.nsw.edu.au/information-access</a>

## ENQUIRIES AND CONTACT:



Information Access Unit  
T: 9561 8151 F:9561 1157  
Email: [xxxxxxx@xxx.xxx.xxx.xx](mailto:xxxxxxx@xxx.xxx.xxx.xx)  
Website: [www.det.nsw.edu.au/information-access](http://www.det.nsw.edu.au/information-access)

**Or lodge it at:**

Information Access Unit  
Department of Education and Communities  
35 Bridge Street  
Sydney NSW 2000

## DEPARTMENT OF EDUCATION AND COMMUNITIES - Credit Card Payment Form

Enter the details of the payment below. All information with an asterisk ★ is mandatory.

★	Family Name:		Family name of person making the application
★	Given Name:		Given name of person making the application
★	Cardholder name:		Name on Credit Card
★	Card Number:	_ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _	
★	Card Type:		 or  only
★	Card Expiry Date:	/	e.g. 05/13
★	Amount:	\$	An application fee under the GIPA Act is \$30
	Optional: Send receipt to: Mailing address or Email		

(Please forward with your access application form.)

### Merchant Details

Merchant Name:	Department of Education and Communities
ABN:	403 0017 3822
Address:	GPO Box 33 SYDNEY NSW 2000
Email Address:	<a href="mailto:xxxxxx@xxx.xxx.xx">xxxxxx@xxx.xxx.xx</a>
Phone:	(02) 9561 8100
Website:	<a href="http://www.det.nsw.edu.au">http://www.det.nsw.edu.au</a>

This form will be securely stored until payment has been confirmed. Once payment is confirmed, the credit card information will be destroyed according to Department procedures.

Office Admin Only

**Name:**  
(Please print)

**Signature:**

**Date:**