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 http://www.dec.nsw.gov.au/about-us/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

Other names:			
Postal address:			
(compulsory)			
		Po	ostcode:
Day-time telephone	e: M:	Fa	x :
Email (optional):			
\Box I agree to the re	elease of my name to any other (third) p	parties the department may	need to consult
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I attach payment of the **\$30 application fee** by cheque or money order made out to: Department of Education.

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:

[DE 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 authorise my Lawyer/Parent/Legal/Guardian/Agent to receive personal information relating to me and to deal with the Department of Education on my behalf concerning the attached access application under the GIPA Act. I attach identification as required.

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:

Manager, Information Access Unit Department of Education GPO Box 33 Sydney NSW 2001

Or lodge it at: Information Access Unit Department of Education 35 Bridge Street Sydney NSW 2000 ENQUIRIES AND CONTACT: Information Access Unit T: 9561 8151 F:9561 1157 Email: <u>iaunit@det.nsw.edu.au</u> Website: <u>www.dec.nsw.gov.au/information-access</u>



DEPARTMENT OF EDUCATION - 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:		VISA or 👓 only	
*	Card Expiry Date:	/	e.g. 05/13	
*	Amount:	\$	An application fee under the GIPA Act is \$30	
	Optional:	Paying: Application Fee payment		
	Send receipt to:	Advanced Deposit Processing Charges		
	Mailing address or Email	ddress or Email □ Balance Processing Charges □ Processing Charges – Total Amount □ Internal Review Fee Payment □		

(Please forward with your access application form.)

Merchant Details

Merchant Name:	Department of Education
ABN:	403 0017 3822
Address:	GPO Box 33 SYDNEY NSW 2000
Email Address:	iaunit@det.nsw.edu.au
Phone:	(02) 9561 8100
Website:	http://www.dec.nsw.gov.au

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.