

# Government Information (Public Access) Act 2009 – GIPA Act ACCESS APPLICATION

**Before you fill in this form** please read the Department's agency information guide at <a href="http://www.dec.nsw.gov.au/about-us/information-access">http://www.dec.nsw.gov.au/about-us/information-access</a> and look to see whether the information you want is already available on our website. If in doubt, contact our Information Access Unit and ask them if the information is already available or can be made available without a formal access application under the GIPA Act.

icant details			
Family name:		Title: Mr / Ms / other	
Other names:			
Postal address: (compulsory)	Postcode:		
Day-time telephone:	M:	Fax:	
Email (optional):			
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## **Application Fee \$30**

Attach payment of the **\$30 application fee** by cheque or money order made out to: Department of Education. Or make a Credit Card payment (last page of this document contains credit card payment form)

#### Form of access

We will provide you with a copy of the information released. If the information requested is more than 20 pages we will provide it on a computer disc, otherwise you will receive it by post/email. Please advise if you require access in another way.

## Proof of Identity required for personal information

For access to your own or your child's personal information we need you to provide proof of identity. This is to comply with privacy requirements. Please provide a copy of the following documents with your application:

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

Persona	Inform	nation
Persona		namon

1	am seeking my own personal information and include proof of my identity.
M	My date of birth is:
	f you are applying on behalf of another person (not your own child), please provide written authority and ID from that person as privacy issues may apply. You also need to provide your ID.
1	am seeking personal information about my child: (name)
D	Date of birth of child is: I include proof of identity for me and my child (see note below).
N	Name of last school attended: Last school year:
0	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.
Proce	ssing 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 payable.
и а	n some circumstances the processing charge may be reduced. If processing charges apply you may wish to request a reduction, if so please provide evidence of why you are doing so. A 50% reduction automatically applies to holders of a current Pensioner Concession Card issued by the Commonwealth, full-time students and non-profit organisations.
Signa	nture and declaration
I decla	are that the information I have provided on this form is true and correct.
Signed	d Date
	Notice rmation provided on this application form is being obtained for the purpose of processing your GIPA application. Providing this tion 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

#### Please post this form to:

processing of your GIPA application.

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: iaunit@det.nsw.edu.au

Website: www.dec.nsw.gov.au/information-access



## **DEPARTMENT OF EDUCATION - Credit Card Payment Form**

Enter the details of the payment below. All fields marked with an asterisk **★ must be completed** 

*	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:		<b>VISA</b> or only	
*	Card Expiry Date:	1	e.g. 05/18	
*	Amount:	\$	An application fee under the GIPA Act is \$30	
	Optional:	Paying: ☐ Application Fee payment		
	Send receipt to:	☐ Advanced Depos	it Processing Charges	
Mailing address or Email		☐ Balance Processing Charges		
		☐ Processing Charg	ges – Total Amount	

# (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 Departmental procedures.