

Freedom of Information

Application form

Your contact details

Surname	
Given name(s)	
Other names you may have been known by	
Date of birth	
Address	
Postal address <i>(if different from above)</i>	
Email	
Home phone number	
Work phone number	
Mobile phone number	

Proof of identity

To assist the Department of Health and Human Services (the department) in making its decision to release documents to you, please provide a **certified** copy of a photo identification document, such as your driver's licence or passport. If your driver's licence does not show your current residential address please provide a certified copy of an official letter which shows your current residential address. A certified copy is a photocopy that has been signed by an approved witness such as a pharmacist, registered medical practitioner or police officer.

If you do not have a photographic identification document, please provide certified copies of two other documents that show your identity, such as your Medicare card, pension card or an official letter. If you are unable to provide these documents, please contact the Freedom of Information unit on 1300 650 172 or (03) 9096 8449.

Are you an Aboriginal and/or Torres Strait Islander person?

Please mark with an 'X' as appropriate. For persons of both Aboriginal and Torres Strait Islander origin mark both 'Yes' boxes.

Are you Aboriginal?

Yes:

☐

No:

☐

Don't know:

☐

Are you Torres Strait Islander?

Yes:

☐

No:

☐

Don't know:

☐

Request details

Please provide details of the documents you are requesting by marking the appropriate box (or boxes) below with an 'X'.

Wardship	<input type="checkbox"/>
Youth Justice	<input type="checkbox"/>
Housing	<input type="checkbox"/>
Child Protection	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Employee	<input type="checkbox"/>
Psychiatric	<input type="checkbox"/>
Other	<input type="checkbox"/>

If you think it would be helpful please also provide detailed information (such as time frames) in order to assist the department in processing your application. If you are requesting specific reports please provide a description of the report/s including the date and the author.

If you need any assistance to complete this section, please contact the Freedom of Information unit on 1300 650 172 or (03) 9096 8449.

Special requirements for child protection documents

Sections 191(1) and 209(1) of the *Children, Youth and Families Act 2005* require written consent to disclose the identity of a reporter/notifier or a person giving confidential information during a child protection investigation.

If you were a notifier/reporter in a child protection matter, do you consent to the release **to you** of documents that would identify you as a notifier/reporter?

Please mark with an 'X' as appropriate.

Yes: ☐ No: ☐

If you are seeking documents about other people

If you are seeking access to documents about a person other than yourself, please provide their name, date of birth and their relationship to you in the space below. You will need to provide certified copies of any documents linking you to that person to enable you to access the documents, such as birth certificates, death certificates or guardianship/administration orders.

Name:	
Date of birth:	
Relationship:	

Name:	
Date of birth:	
Relationship:	

Access to the documents

Any documents that can be released will be sent to you by registered post. They can be sent either in hard copy paper form or in electronic form on a compact disk.

Please mark with an 'X' as appropriate.

Hard copy paper documents: ☐ Compact disk (CD): ☐

You can also view the documents at our office.

Please mark the following box with an 'X' if you wish to do this. ☐

Fees and charges

Application fee

Please mark with an 'X' as appropriate.

I enclose payment for the \$28.40 application fee:	
I request that the application fee be waived. I have included a statement of how payment of the application fee would cause me hardship:	

Access charges

A charge may apply for access to documents. If any payment is required you will be contacted by a freedom of information officer.

How to submit your application

Hard copy applications and any required documents should be sent to:

Freedom of Information unit
Department of Health and Human Services
GPO Box 4057
Melbourne Victoria 3001

Or fill in and return it with scanned certified copies of any required documents by email to: foi@dhhs.vic.gov.au

Checklist

Have you:

- Attached certified identification?
- Attached payment for the \$28.40 application fee OR a statement of how payment of the application fee would cause hardship?
- Given a clear explanation of the documents that you are requesting?
- Attached documents to support your application to access information about other people (for example, a birth certificate or guardianship/administration order)?

Your privacy

The Department of Health and Human Services is committed to protecting your privacy. We collect and handle personal information in the Freedom of Information application form for the purposes of processing your application.

To provide a service to you and meet your needs, we will share your personal information with others within the department, such as the program area or divisional office that may hold your documents, or with our archiving facility.

For more information on the department's privacy collection statement, please refer to the following websites: www.dhs.vic.gov.au/privacy and www.health.vic.gov.au/privacy

To receive this form in an accessible format phone (03) 9096 8449, using the National Relay Service 13 36 77 if required, or email foi@dhhs.vic.gov.au

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