

Office use only

Date application received: .....

File Reference: .....



**Health**  
Northern NSW  
Local Health District

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

Please complete this form to apply for formal access to government information under the *Government Information (Public Access) Act 2009 (GIPA Act)*. If you need help in filling out this form, please contact the Right to Information Officer on (02) 6620 2794 or visit our website at: [www.nswlhd.health.nsw.gov.au](http://www.nswlhd.health.nsw.gov.au)

### 1. Applicant details

Surname: ..... Title: Mr / Ms/ Other

Other names: .....

Postal address: ..... Postcode: .....

Day-time telephone: ..... Facsimile: .....

Email: .....

I agree to receive correspondence at the above email address.

*The questions below are optional and the information will only be used for the purposes of providing better service.*

Place of birth: ..... Main language spoken: .....

Aboriginal or Torres Strait Islander: Yes / No (circle one)

Do you have special needs for assistance with this application?

### 2. Proof of identity Only required when an applicant is requesting information on their own behalf

When seeking access to personal information, an applicant must provide proof of identity in the form of a **certified copy** of any one of the following documents

- Australian driver's licence - with photograph, signature and current address
- Other proof of signature and current
- Current Australian passport

### 3. Application Fee

Attach payment of the **\$30 application fee** by Cheque or money order made payable to: Northern NSW Local Health District. Or make Credit Card payment (last page of this document contains credit card payment form). **Please do NOT send cash by post.**

**Note:** Your application will not be considered valid unless it is accompanied by a \$30 application fee

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#### 4. Form of access

How do you wish to access the information?

- Inspect the document(s)
- Access in another way (please specify)
- A copy of the document(s)

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#### 5. Government information

Please describe the information you would like to access in enough detail to allow us to identify it.

**Note:** If you do not give enough details about the information, the agency may refuse to process your application.

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Please provide the date range the information requested is to cover:

..... to .....

Are you seeking personal information? **Yes / No** (circle one)

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#### 6. Disclosure log

If the information sought is released to you and would be of interest to other members of the public, details about your application may be recorded in the agency's 'disclosure log'. This is published on the agency's website.

Do you object to this? **Yes/No** (circle one)

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**7. Third Party Consultation**

Under section 54 of the GIPA Act, if the information you are requesting contains information about another person, business or government agency, the IPC may be required to consult with third parties before deciding your application. The purpose of this consultation is for the IPC to determine whether the third party has an objection to disclosure of some or all of the information being requested. Please indicate whether you consent to your identity as an applicant being disclosed to the involved third party:

Do you object to this? **Yes / No** (circle one)

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**8. Discount in processing charges**

You may be asked to pay a charge for processing the application (\$30 / hour). Some applicants may be entitled to a 50% reduction in their processing charges. If you wish to apply for a discount, please indicate the reason:

Financial hardship – please attach supporting documentation (eg a pension or Centrelink card).

**AND / OR**

Special benefit to the public – please specify why below:

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**9. Signature and declaration**

Applicant's Signature: .....

Date: ...../...../.....

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This form may be submitted:

**Via post:**

Right to Information Officer  
Northern NSW Local Health District  
Locked Bag 11  
LISMORE NSW 2480

**In person**

Northern NSW Local Health District  
Crawford House  
Area Reception  
Hunter Street  
LISMORE NSW 2480

**Via email:**

[NNSWLHD-AreaCorporateRecords-GIPA@health.nsw.gov.au](mailto:NNSWLHD-AreaCorporateRecords-GIPA@health.nsw.gov.au)



**Northern NSW Local Health District – Credit Card Payment Form**

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

*	<b>Family Name</b>		Family Name of person making the application
*	<b>Given Name:</b>		Given name of person making the application
*	<b>Cardholder name:</b>		Name on Credit Card
*	<b>Card Number:</b>	____ / ____ / ____ / ____	
*	<b>Card Type:</b>		
*	<b>Card Expiry Date:</b>	__ / __	Eg 05/18
*	<b>Amount:</b>	\$	An Application fee under the GIPA Act is \$30
	<b>Optional:</b> Send receipt to: Mailing address or eMail (circle one)	<b>Paying:</b> <input type="checkbox"/> Application Fee payment <input type="checkbox"/> Advanced Deposit Processing Charges <input type="checkbox"/> Balance Processing Charges <input type="checkbox"/> Processing Charges – Total Amount	

Please forward with your access application form.

**Merchant Details**

<b>Merchant Name:</b>	Northern NSW Local Health District
<b>ABN:</b>	67 284 856 520
<b>Address:</b>	Locked Mail Bag 11 LISMORE NSW 2480
<b>Email Address:</b>	<a href="mailto:NNSWLHD-AreaCorporateRecords-GIPA@health.nsw.gov.au">NNSWLHD-AreaCorporateRecords-GIPA@health.nsw.gov.au</a>
<b>Phone:</b>	6620 2100
<b>Website:</b>	<a href="http://www.nnswlhd.health.nsw.gov.au">www.nnswlhd.health.nsw.gov.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 Departmental procedures