

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 9216 3500 or gipa@icare.nsw.gov.au

Which of icare's agencies are you applying to for information: (Please mark one box only)

- icare NSW
 Workers Insurance
 Self Insurance
 Dust Diseases Care
 Lifetime Care
 Sporting Injuries Insurance
 hbcf

01. your details

Surname Title

Other names Postal address

Postcode Day-time phone Facsimile Email

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

Main language spoken Aboriginal or Torres Strait Islander
 Yes No

Do you have special needs for assistance with this application?

I agree to receive correspondence at the above email address.

02. proof of identity

When seeking access to personal information (including your own), 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 & current address
 Current Australian passport
 Other proof of signature and current address details

03. 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.

It would assist if you could provide, claim number/ participant number/ date of injury/ employers name/ claim manager eg: EML, Allianz etc (if you are aware):

Are you seeking personal information? Yes No

04. form of access

How do you wish to access the information?

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

05. application fee

I attach payment of the **\$30 application fee** by cheque money order
(please DO NOT send cash)

06. consultation

The Agency may be required to consult with third parties before deciding your application. If the information you are seeking contains information about another person, business or government agency, we are required by law to ask whether they have an objection to the disclosure of their information. For the purposes of such consultation, please indicate in the boxes below whether you consent to the release of the following information to any third parties.

Do you object to this? Yes No

07. 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

08. 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 person or Centrelink card).

AND / OR

Special benefit to the public - please specify why below:

Applicant's signature

Date

Please include your application fee of **\$30** when you post this form to:
Government Information (Public Access) Officer, icare, GPO Box 4052, Sydney NSW 2001

Note: if you email your application processing will not commence until icare receives a money order or cheque for the application fee.

General information about GIPA Act is available by calling the Information and Privacy Commission on 1800 472 679 or visit the IPC's website: www.ipc.nsw.gov.au

office use only

Date application received: _____

File reference: _____

Date of decision: _____