

Please send this form to:	Enquiries and contact
GIPA@det.nsw.edu.au or	Right to Access
Manager, Right to Access	T: 02 7814 3525
Department of Education	Email: xxxx@xxx.xxx.xxx.au
GPO Box 33	Website: https://education.nsw.gov.au/about-
Sydney NSW 2001	us/rights-and-accountability/information-access

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 https://education.nsw.gov.au/about-us/rights-and-accountability/information-access and look to see whether the information you want is already available on our website. If in doubt, contact Right to Access and ask them if the information is already available or can be made available without a formal access application under the GIPA Act.

Applicant details	;					
Family name:			Title: Mr / Ms / other			
Other names:						
Postal address:						
(compulsory)		Postcode:				
Day-time telephon	ie:	Mobile:				
Email:						
Name of other	e an application for the same or similar info Agency: Ilowing information from the departm		er agency? Yes No			
to the above website or	ion to be processed, you need to provide enough contact Right to Access. e date range the information is to cover:					
Optional: My reason	for making this application:					
	<u> </u>					
Application Fee \$3	30					

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

Personal Information					
I am seeking the personal information of:					
Myself	My child		My client		
My/child's/client's date	of birth is:	DE Staff	ID number (if relevant):		
Proof of i	Proof of identify, proof of relationship and written authority has been provided where relevant.				
If seeking school reco	r <u>ds</u>				
*Name of last NSW go	vernment school attended:				
Last school year:					
* If the last attended NSW	government school name is not p	rovided yo	ur application will be considered invalid.		
Proof of Identity and aut	hority required for personal in	formation			
Proof of identity is requ	uired when requesting personal info	mation in o	der to comply with privacy requirements. n for yourself, your client or your child.		
Applying for own records	Applying for own child's records	Б Арр	lying for client/third party's records		
Signature ID Current Australian photo driver's licence, Australian passport, or other proof of name, signature and current address details	Parent/carer signature ID ID with proof of relationship (Medicare card or birth certifica showing both parent/carer and names) Child's authority form for couns records (if over 12 years old)	te C child CHIL P elling P co n C	lient/third party's ID lient/third party's authority		
Form of access					
We will provide you wit require access in anot		electronica	lly where possible. Please advise if you		
Processing charges					
	pay a charge for processing the app timate of the total payable before ch		per hour). If a charge applies, we will ncurred.		
In 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.					
Signature and declaration					
I declare that the information	I have provided on this form is true	and correct			

Drivacy Notice

Signed

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.

Date

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: Please print clearly			
*	Card Type:	Visa	Mastercard	VISA or eso only
*	Card Expiry Date:	1		e.g. 05/30
*	Amount:	\$		An application fee under the GIPA Act is \$30
	GIPA Number: GIPA	Paying: Application Fee payment Advanced Deposit Processing Charges Balance Processing Charges Processing Charges – Total Amount		
	Receipt will be sent to the address provided on your GIPA application.			

Merchant Details

Merchant Name:	Department of Education
ABN:	403 0017 3822
Address:	GPO Box 33 SYDNEY NSW 2000
Email Address:	xxxx@xxx.xxx.xxx
Phone:	(02) 7814 3525
Website:	https://education.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.