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) 9320 7777 or visit our website at www.ambulance.nsw.gov.au. Requests for Ambulance Patient Health Care Records/Medical Reports should be referred directly to Medical Records, PO Box 17, Hamilton NSW 2303, Ph: (02) 4921 7530. You do not need to apply for Medical Records under the GIPA Act.

1. Your details

Surname: ........................................................................................................ Title: Mr/Mrs/Ms
Given names: ........................................................................................................
Postal address: ..................................................................................................... Postcode: ............
Day-time telephone: ............................................ Facsimile: ............................................
Email: .....................................................................................................................

☐ I agree to receive correspondence at the above email address.

2. Proof of identity/consent from other persons

Proof of identity is required when an applicant is requesting personal information on their own behalf. When requesting personal information about another person, written consent is required from that person.

☐ Australian driver’s licence with photograph, signature and current address
☐ Current Australian passport
☐ Other proof of signature and current address details
☐ Written consent provided

3. 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, we may refuse to process your application. Requests for Ambulance Patient Health Care Records/Medical Reports should be referred to our Medical Records Unit. See above for details.

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Are you seeking personal information? Yes / No (circle one)
4. **Form of access**

How do you wish to access the information?

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

5. **Application Fee**

I attach payment of the $30 application fee by cash / cheque / money order (circle one).

(Note: please do NOT send cash by post)

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)

7. **Discount in Processing charges**

You may be asked to pay a charge for processing the application ($30 / hour). If an access application is made for personal information, there is no processing charge for the first 20 hours. Processing charges for documents that do not relate to your personal affairs are $30 per 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 photocopy of a pension or Centrelink card).
- Special benefit to the public – please specify why below:

Applicant’s signature: ............................................................

Date: ............................................................

Please post this form to:
**NSW Ambulance, Right to Information Officer, Locked Mail Bag 105, Rozelle NSW 2039.**

General information about the GIPA Act is available by calling the Office of the Information Commissioner on freecall 1800 INFOCOM (1800 463 626) or at its website: www.oic.nsw.gov.au

Office use only

Date application received: ............................................................

File reference: ...........................................................................