



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 email the NSW Right to Information Officer at AMBULANCE-RightToInformation-GIPA@health.nsw.gov.au

For more information, please visit our website at <https://www.ambulance.nsw.gov.au/about-us/access-to-information/right-to-information>

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 mark with an X in the boxes below what record you are seeking:

- Triple zero (000) call recording** (Please note if you were not the caller you will need a signed authority. Please find attached authority form).
- Incident Detail Report**
- Electronic Medical Record (eMR)**

For the above records, please indicate the time, date, location (street name/s), involved person/s, caller name/s (and mobile number used for triple zero calls) and any other relevant particulars in relation to the incident/s you are seeking information about below.

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Other

If other, please describe the information you would like to access in enough detail to allow us to identify it.

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

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)

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5. Application Fee

I attach payment of the **\$30 application fee** by (please circle) 1. **credit card** (see page 4) or 2. **EFT** (EFT details below).

EFT Details

Westpac Bank

Sort Code/Bank Transit/BSB **032-020**

Account number **228033**

Swift/BIC WPACAU2S

NB: Please note **NSWA GIPA** in the reference section of the transaction and email the screenshot to AMBULANCE-RightToInformation-GIPA@health.nsw.gov.au

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

Your access application must be accompanied by an access application fee of \$30.00 pursuant to section 41(1)(c) of the GIPA Act.

You may apply for a 50% reduction in processing charges on the grounds of financial hardship or special benefit to the public. If you wish to apply for a discount, please indicate the reason below:

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

AND / OR

- Special benefit to the public – please specify why below:

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Applicant's signature:

Date:

Please email this form to: AMBULANCE-RightToInformation-GIPA@health.nsw.gov.au



Credit Card Payment Form

Government Information (Public Access) Act 2009

This form is to be completed when paying by Credit Card for access to information under the provisions of the *Government Information (Public Access) Act (GIPA Act)*.

You must submit this form with your application.

APPLICANT DETAILS

First & Other Name(s)	Last Name
Business Name (if applicable)	ABN
Contact Phone Number	Email address

PAYMENT DETAILS

- Access Application** Amount \$30.00
- Concession Holder** Amount \$15.00
(copy of concession card required)

CREDIT CARD AUTHORITY

NSW Ambulance is collecting this information so that we can process the fees for you GIPA Act application. We will process the request using a secure interface with Westpac Banking Corporation, and will not disclose the information to any other third party.

Please debit my credit card to the amount of

Card Type Visa Mastercard Expiry Date

Card Number

Card Holder Name

Card Holder Signature Date

For office use only

Application Reference No.	Application Date	Receipt No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Successful Payment	<input type="checkbox"/> Unsuccessful payment	Date <input type="text"/>

NOTICE OF AUTHORITY

TO: NSW AMBULANCE

RE: *name of triple zero (000) caller*

I, (*name and address* _____), give permission for NSW Ambulance to release the recording of the Triple Zero (000) call which I made and any record/s in relation to same call, under the provisions of the *Government Information (Public Access) Act 2009* (GIPA Act).

I agree that the record/s can be released to (*name of person making the GIPA application*) as the applicant for the information.

SIGNED:

DATE: