



**NSW Ambulance**

excellence in care

# 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 [ambulance-gipa@health.nsw.gov.au](mailto:ambulance-gipa@health.nsw.gov.au) or mobile **0409 657 454**.

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 (Details of the person applying for the records)

**Surname:** ..... **Title:** Mr Mrs Ms Miss  
**Given names:** .....  
**Postal address:** ..... **Postcode:** .....  
**Day-time telephone:** .....  
**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** (A Notice of Authority signed by the triple zero caller must be provided. Refer to **page 3** of this form).
- Incident Detail Report**
- Electronic Medical Record (eMR)** (If you are requesting the eMR only, please note that a medical records request can be made directly to [Ambulance-MedicalRecordsNorthern@health.nsw.gov.au](mailto:Ambulance-MedicalRecordsNorthern@health.nsw.gov.au)

For the above records, please indicate the time, date, location (street name/s), suburb or town, house/apartment number, street / road name, business name etc, involved person/s and any other relevant particulars in relation to the incident/s you are seeking information about below.

<b>Patient’s Name:</b>		<b>Patient’s DOB:</b>	
<b>Date of Incident:</b>		<b>Location of Incident:</b>	
<b>Issue: (MVA/Assault etc)</b>			

Other

If other, 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

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

**4. Form of access**

All reports and records will be sent via email.

**5. Application Fee Please note that our Payment Options have changed effective 11 March 2024**

<p>GIPA application fee is \$30 (including GST) or \$15.00 for concession card holders (copy of card is required). Expired cards will not be accepted.</p> <p>Payment must be made using the <a href="#">NSW Health Payment Portal</a> or use the QR Code to access the payment portal.</p> <p>Please quote the patient's name as a reference when making payment. <i>For example: "GIPA-John Smith"</i></p>	
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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** (select 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:

.....  
.....

Applicant's signature: .....

Date: .....

Please email this form to: [ambulance-gipa@health.nsw.gov.au](mailto:ambulance-gipa@health.nsw.gov.au)



Notice of Authority –triple zero call recording request form

Return to: NSW Ambulance Legal Services GIPA, with your GIPA Application to Ambulance-GIPA@health.nsw.gov.au

TRIPLE ZERO CALLER TO COMPLETE AND SIGN:

I, (enter your name)

..... give permission for NSW Ambulance to release the recording of the Triple Zero (000) call I made from telephone number ..... through the Government Information (Public Access) (GIPA) application process.

I agree that the record/s can be released to (enter name of Legal Firm and name of Lawyer or other person's name to release to (eg the person making the GIPA application if not legal firm)

..... as the applicant for the information. I acknowledge that public interest considerations against disclosure may apply to this recording.

BRIEF DESCRIPTION OF INCIDENT:

Incident Type: (eg MVA, Birth of baby, Assault etc) .....

Date of Incident: .....

Location of Incident (Provide the exact location including suburb or town, house/apartment number, street / road name, business name etc):

.....

APPROVAL TO BE COMPLETED BY THE TRIPLE ZERO CALLER

Name (please print): .....

Signed: .....

Date: .....