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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.

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 and or firm completing this form)

Surname: **Preferred Title:**

Given names:

Postal address: **Postcode:**

Day-time telephone:

Email:

I agree to receive correspondence at the above email address.

Applicant's organisation Name (if applicable):.....

Type of Applicant *please click appropriate box:*

Member of Parliament Media Representative

Private Sector Business Legal Representative

Staff Member Former Staff Member

Member of Public Union / Local Interest Group

Other

2. Government Information

- Your application may not be considered valid unless you provide enough details to enable NSW Ambulance to identify the information you are seeking (i.e. statements such as "including but not limited to...." "and" all records held in relation to" may result in an application deemed as invalid).
- If the scope of the application is considered too broad, you will be contacted with a request to amend your application.
- You can only apply for access to information that is contained within existing records or documents that are held by NSW Ambulance at the time the application is received.

Government Information Continued

Please select the appropriate box below nominating which record you are seeking:

- Triple zero (000) call recording** (The Notice of Authority on page 5, MUST be completed, signed and dated by the CALLER and provided with your GIPA Application. Refer to **page 5** of this form).
- Incident Detail Report (IDR)**
- Electronic Medical Record (eMR)** (If you are requesting the eMR only, please note that a GIPA application is not required and your request for the medical record can be made directly to Ambulance-MedicalRecordsNorthern@health.nsw.gov.au)

Please provide in relation to the requested incident the correct location including house/apartment number, street names, intersection, suburb and or town. If a business, provide the business name. Providing correct and proper information removes the threat of delaying your application. **Please complete each area below:**

Patient's Name:		Patient's DOB:	
Date of Incident:		Location of Incident – Please include the SUBURB	
Issue: (MVA/Assault/Birth etc):			

Other: If other, please describe the information you would like to access with enough detail to allow NSW Ambulance to identify it.

NOTE: If you do not give enough details about the information, NSW Ambulance may refuse to process your application.

- Are you seeking personal information? Yes No

3. 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.

<input type="checkbox"/> Australian driver's licence	<input type="checkbox"/> Current Passport
<input type="checkbox"/> Other proof of signature and current address details	<input type="checkbox"/> Written consent provide

4. Requesting Medical Records of a deceased person

When requesting medical records of a deceased person, you must provide evidence of being Executor or Next of Kin.

5. Court / Legal Proceedings

NSW Ambulance may refuse to deal with an access application if the agency reasonably believes the applicant, or person acting in concert with the applicant, is party to current proceedings before a court and able to apply to the court for the information.

I confirm that no legal proceedings related to the information requested in this application;
OR
 I confirm there are legal proceedings related to the information requested in this application.

6. Form of access

All reports and records will be sent via email.

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

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.

Payment must be made using the [NSW Health Payment Portal](#) or use the QR Code to access the payment portal.

Please quote the patient's name as a reference in the PAYMENT DESCRIPTION when making payment. *For example: "GIPA-John Smith"*



8. 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 CURRENT pension or Centrelink card).

AND / OR

Special benefit to the public – please specify why below:

.....
.....

9. 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

10. Personal information contained within documents

We may remove personal information of other persons and, if appropriate, staff names from documents.

- Do you consent to this Yes No

Applicant's signature:

Date:

Please email this form to: ambulance-gipa@health.nsw.gov.au

**Notice of Authority – triple zero call recording request form**

Return to: NSW Ambulance 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: