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Application for access to information under Freedom of Information

This form can be used to apply for access to information under the *Freedom of Information Act 1992 (FOI Act)*. If you seek access to health information (e.g. medical records), please use the application form provided by the hospital which holds the records.

1. Applicant details

Surname

Given names:

Title:

Australian postal address:

Phone:

Date of Birth (DD/MM/YY):

Email:

2. Identification documents

Please provide photocopies of proof of personal identification with your FOI Application. Acceptable examples include Drivers Licence, Birth Certificate, Passport or Medicare Card.

3. Information Type *(choose one)*

Access to personal information (no fee) - a request for access to documents containing your personal information only. Can include your name, identifying details, contact information, personal images or other identifying matter.

Access to non-personal information (\$30.00 application fee, additional charges may apply) - a request for access to documents containing information that is not limited to your personal information only. It can include information regarding third parties and operational matters.

4. Document description *(provide enough information to enable the correct documents to be identified, including date range and location/s if applicable)*

5. Personal information of third parties *(please tick if you give consent)*

The North Metropolitan Health Service (NMHS) may be able to deal with your request sooner if you agree to the below:

I consent to all 'personal information' of third parties and prescribed details of agency officers being deleted from the requested documents. This includes names, position titles, contact details, signatures and identifying information of individuals who are not state government officers.

One team, many dreams.

Care / Respect / Innovation / Teamwork / Integrity



6. Personal information disclosure *(please tick if you give consent)*

I consent to my name being disclosed to any third party that is consulted (as required by sections 32 and 33 of the FOI Act) and who requests to know the identity of the applicant. **Note:** providing this information to third parties who ask for it enables the consultation process to be finalised more efficiently as third parties are generally more willing to consent to the release of the requested information if they know the identity of the access applicant.

7. Access method *(choose one)*

Email (preferred if different to page 1)

Printed copies (may incur a charge, refer to section 9 below)

Post

Collection

Other (please specify)

8. Application Fee Method of Payment *(non-personal applications only)*

Non-personal applications which seek access to the personal information of others, such as the names of third parties, attract a fee of \$30 and will not proceed as a valid request until full payment is received. Please advise NMHS FOI via email (NMHS.FOI@health.wa.gov.au) when payment has been made. Payment can be made via electronic funds transfer:

BSB 066 040

Account Number: 1330 3489

Account Name: NMHS Operating Account

Reference: Applicant Name (Given Name and Surname)

9. Further fees and charges *(tick to select)*

I understand that before I obtain access to documents I may be required to pay processing charges in respect to this application and I will be supplied with a statement of charges if appropriate. Note: In certain cases, a reduction of fees may apply if you are financially disadvantaged or the holder of a pensioner concession card. This discount does not apply to the \$30 application fee.

YES

NO

10. Lodgement of applications

Applications may be lodged via email or post

EMAIL: NMHS.FOI@health.wa.gov.au

POST: Freedom of Information Office
North Metropolitan Health Service
Level 2, K Block
QEII Medical Centre, Hospital Avenue, Nedlands WA 6009

Notes for Applicants

- Your application will be processed as soon as practicable and within the time specified in the FOI Act – 45 days after it is received. If a large number of documents has been requested, we may get in touch with you to request an extension to the timeframe or reduce the number of documents requested.
- If you are seeking access to information on behalf of another person, we require authorisation such as a General Authority to Act Form which must be current (within 12 months of date of application) and in writing.
- The FOI Act contains exemptions which may limit your access to certain information. You may be given an edited copy of the document if it contains information considered to be exempt. If you are not satisfied with the documents provided to you can lodge an internal review of the decision.

FOI Application Checklist

An Australian address has been provided in Section 1 of this application

Sufficient information provided to enable the correct document/s to be identified

Proof of your identity in accordance with s.29 of the FOI Act

Authorisation in writing (if you are seeking access to a document/s on behalf of another person)

Payment of the \$30 application fee (non-personal applications only)

Declaration

I declare that all the information provided in this application is true and correct.

Signature

Date:

Inquiries

For any inquiries in relation to making an FOI application, and types of documents held by NMHS, please contact the NMHS FOI team on NMHS.FOI@health.wa.gov.au or (08) 6457 7114