

Government Information (Public Access) Act 2009 INTERNAL REVIEW APPLICATION

This form should be used if you wish to apply for internal review of a decision made under the *Government Information (Public Access) Act 2009* (GIPA Act).

You must lodge this form with Sydney Children's Hospitals Network **within 20 working days** after notice of the decision was given to you.

If you need help in filling out this form, please contact the Right to Information Officer, Sydney Children's Hospitals Network, on 9845 3532, or visit NSW Ministry of Health website at <http://www.health.nsw.gov.au/>

1. Your details

Surname: **Title:** Mr / Ms

Other names:

Postal address: **Postcode:**

Day-time telephone: **Facsimile:**

Email:

I agree to receive correspondence to the above email address.

2. Decision details

Decision to be reviewed

Date of decision

File reference

Applicant's signature:

Date:

Please include your application fee of **\$40** when you post this form or lodge it to:

**Chief Executive
Sydney Children's Hospitals Network
Locked Bag 4001, Westmead NSW 2145.**

General information about the GIPA Act is available by calling the NSW Information and Privacy Commission on 1800 472 679 (free call) or at its website: www.ipc.nsw.gov.au

Office use only:
Date application received:
File Reference: