



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)*.

IMPORTANT: This is not the application form to request patient health records. Please click [here](#) to request access patient health records

If you need assistance with completing this form, please contact the Right to Information Officer, Sydney Children’s Hospitals Network (SCHN) by email [SCHN GIPA](#)

1. Your details

Surname: Preferred title:

Other names:

Postal address: Postcode:

Preferred contact no.: Email:

I agree to receive correspondence at the above email address.

Please note your application will not be valid unless it includes an Australian Postal address or email address.

Do you have special needs for assistance with this application:

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2. Proof of identity

When seeking access to personal information, an applicant must provide proof of identity in the form of certified* copies of any one of the following documents:

Australian driver’s licence with photograph, signature and current address

Current Australian passport

Other identification with photograph, proof of signature and current address details

**Certified means that the document has been verified signed and dated by an authorised person (JP, doctor, teacher, pharmacist, legal practitioner, Australia post)*

3. Government information

Please describe the information you would like to access in enough detail to allow us to identify the records.

Note: If you do not provide enough details about the information your application

Should the scope of your request be too broad and is considered that it is a diversion of resources to process the application you will be invited to amend or reduce the scope of your application.

You can only apply for access to information contained in records or documents that are held by SCHN at the time the application is received

I would like to request access to the following information held by SCHN:

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4. Third party consent

If the information sought is of a kind that would require consultation with a third party (as required under section 54 of the GIPA Act) your name may be disclosed to the third party.

Do you consent to this **YES / NO** (circle one)

If NO, I acknowledge that I understand that this could affect the outcome of my application.

5. Personal information contained within documents

Are you seeking personal information? Yes / No (circle one)

We may remove or be required to consult with third parties should the records requested contain the personal information of others.

6. Form of access

How do you wish to access the information?

- Inspect the document(s) A copy of the document(s)
- Access in another way (please specify).....

7. Application Fees

- I attach payment of **\$30 application fee** by cheque, money order
- OR
- I attach a copy of the \$30 application fee receipt paid to the Sydney Children’s Hospitals Network.
Contact the Network Cashier Department on ph. 9382 1997 (Randwick) or ph. 9845 3682 (Westmead)
Details for payment:
Purpose: Access to Government Information
Cost Centre: 680800
Account Code: 420835

8. Processing Fees

Under the GIPA Act the application fee covers 20 hours of processing in a request for personal documents.

The processing charge for all non-personal requests or personal requests over 20 hours is \$30 per hour. If the application takes longer than 4 hours to process, an advanced deposit for 50% of the estimated processing charges may be requested before continuing with the application. The processing time to complete the application will stop until payment has been received by SCHN.

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. Note that personal information will not be published on the disclosure log.

Do you object to this? **Yes** / **No** (circle one)

10. Discount in processing charges

Some applicants may be entitled to a 50% reduction in the processing charges. If you wish to apply for a discount, please indicate the reason:

Financial hardship – please attach supporting documentation (e.g. a pension concession card issued by the Commonwealth Government, fulltime student, applying on or behalf of a non-profit organisation).

AND / OR

Special benefit to the public – please specify why below:

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General Information about the GIPA Act is available by calling the NSW Information Privacy Commission on freecall 1800 472 679 or via email ipcinfo@ipc.nsw.gov.au

Applicant's signature:

Date:

Please send this form and the application fee to the Right to Information Officer, Sydney Children's Hospitals Network, Locked Bag 4001, Westmead NSW 2145 or via email to SCHN-GIPA@health.nsw.gov.au.