Freedom of Information – Access Application Form

|  |
| --- |
| **PRIVACY NOTICE**  The personal information you supply on this form will only be used for the purpose of processing your request. Your application must include an email or postal address to which the respondent can send notices under the Act. If all or some of this information is not collected, ACT Health Directorate may not be able to communicate with you, inhibiting their obligations under the Act. This could mean the request cannot be dealt with. Your personal information will not be disclosed to a third party without your consent unless statutory obligations require otherwise.  The ACT Health Directorate Privacy Policy contains information on how you can access or seek to correct any of your personal information that is held by the ACT Health Directorate, as well as the process for lodging a complaint about an alleged breach of the *Information Privacy Act 2014*. The Privacy Policy can be found on the ACT Health Directorate website at <http://www.health.act.gov.au>. |

|  |  |
| --- | --- |
| **Applicant details** | |
| I wish to make an access application to ACT Health Directorate under the *Freedom of Information Act 2016.* | |
| **Name** |  |
| **Address** (where notices relating to this request can be sent – either postal or electronic) |  |
| **Telephone Contact Residential** |  |
| **Telephone Contact Mobile** |  |
| **Email Contact** |  |

|  |  |
| --- | --- |
| **What documents are you requesting under the Act?** | |
| * **To help ACT Health Directorate process your request, please include enough detail in your application so that we can fully understand what government information you want.** * **You may wish to include a statement about how the release of information is in the public interest.** * **If your application is for access to your own personal information you must include evidence of your identity. If you are an agent acting for an applicant, please supply evidence of your authorisation and evidence of the identity of the agent.** * **If for reasons in section 30 of the Act is not compliant and your application cannot be processed,  ACT Health Directorate will take reasonable steps to assist you and give you reasonable time to amend your application if you wish.** | |
| **I would like** | a copy of these documents sent to the above address  **OR**  to inspect these document |

|  |
| --- |
| **Fee Waiver** |
| If you wish to apply for a fee waiver, the Act sets out a number of provisions to do so:   * The information being requested was previously publicly available but no longer is. * The information being requested is of special benefit to the public (Ombudsman guidelines see Section 66). * The applicant is a concession card holder and demonstrates a material connection with the information requested (concession cards include a current health care or pensioner card issued under the [Social Security Act 1991](https://www.legislation.gov.au/Details/C2013C00081); a current pensioner concession card issued in relation to a pension under the [Veterans’ Entitlements Act 1986](https://www.legislation.gov.au/Series/C2004A03268) or [the Military Rehabilitation and Compensation Act 2004](https://www.legislation.gov.au/Series/C2004A01285); a current gold card; or a card prescribed by regulation). * The applicant is a not-for-profit organisation and the application relates to the activities or purposes of the organisation. * The applicant is a member of the Legislative Assembly.   ACT Health Directorate must waive any fees for providing information if the information was not publicly available and the agency makes the information publicly available before or within 3 working days after giving it to the applicant. |
| **Fee waiver application (fill in if applicable. Otherwise leave blank)** |
| I would like to apply for a fee waiver because (state reason/s from the list above).  [provide details and evidence of how this reason applies] |

|  |  |
| --- | --- |
| **APPLICANTS SIGNATURE** | **DATE OF REQUEST** |
|  |  |