

SYDNEY SOUTH WEST HEALTH

**FREEDOM OF INFORMATION ACT, 1989
APPLICATION FOR DOCUMENTS**

DETAILS OF APPLICANT

Surname (Family Name) Title (Mr/s)
Given Names
Previous Name (if applicable) Date of Birth
Residential Address
..... Postcode
Telephone No. (Home) (Work)

Do these documents relate to your personal affairs?: YES NO

If **NO** and this request relates to the personal affairs of another person please give their details below:

Surname (Family Name) Title (Mr/s)
Given Names
Previous Name (if applicable) Date of Birth
Residential Address
..... Postcode
Telephone No. (Home) (Work)
Relationship to Applicant

DETAILS OF REQUEST

Name of Hospital / Community Health Centre
Date of attendance to Hospital / Community Health Centre
Describe clearly the documents required
.....
.....
.....

FEES AND CHARGES (Please see details on the back of this form)






I am requesting a reduction in fees and charges YES NO

Reason
(Please attach copies of supporting documents)

My cheque / money order / cash for \$30 \$15 for the application fee is enclosed.
(Cheques should be made payable to "SYDNEY SOUTH WEST HEALTH").

SIGNATURE DATE

INFORMATION FOR APPLICANTS

-  Please try to provide as much detail as you can to help us identify the documents you want.
-  If you are requesting documents relating to your personal affairs you may be asked for proof of identity.
-  If you are requesting documents relating to the personal affairs of another person, on their behalf, you may be asked to provide a signed consent form.
-  Your request will be dealt with as soon as possible and in any case within twenty-one (21) days after it is received.
-  If the documents you seek is more likely to be held by another Agency, your request will be transferred and you will be notified.

PLEASE NOTE: If the applicant for information is not the subject of a request for personal information then the consent of the subject must be obtained. In the case of death of subject, it must be the consent of the person's closest relative who is of or above the age of 18 years. Proof of this relationship is required.

FEES AND CHARGES

Under the FOI Act, the application fee is \$30.00 which, in a request for personal documents, covers 20 hours of processing. Processing charges for non-personal requests are \$30.00 per hour.

Charges may be reduced by 50% for people on low incomes, for some non-profit organisations and where a public interest is demonstrated. All charges will be waived if significant corrections to your records result from your application.

You may also be required to pay processing charges for this request and a statement will be given of any such charge, if appropriate.

FOR FURTHER INFORMATION please contact the FOI Co-ordinator on (02) 9828-6063.

**PLEASE SEND THIS FORM
& APPLICATION FEE TO:**

Freedom of Information Co-ordinator
Sydney south West Health
Locked Bag 7017
LIVERPOOL BC NSW 1871

OFFICE USE ONLY

Received on: FOI No.:

Acknowledgement sent on: By:

(Revised 12/2004)