



## APPLICATION FOR ACCESS

Application under the *Privacy and Personal Information Protection Act 1998* and/or *Health Records and Information Privacy Act 2002* for access to the applicant's personal and/or health information.

### Applicant details

Name ..... Title: Mr / Ms / other .....

(Full Name)

Postal address.....

State .....Post Code.....

Email (optional).....

### Access and Cost

As the applicant, you have a right under the legislation to access personal or health information concerning yourself that is held by the Department of Education and Communities. You are entitled to have access without excessive delay or cost.

Access may be granted but limited to allowing you to view the documents only.

The Department may require you to pay a fee if the application request involves a considerable diversion of its resources.

The Department may refuse to process your application in part, or in whole, if there is an exemption under the legislation or a Code of Practice that restricts disclosure of the information sought.

You have a right to request an internal review by the Department, of a decision in relation to your application for access. A request for internal review can be sent to the address listed below.

### Proof of Identity

When seeking access to your, your child's or another person's personal or health information on their behalf, you may be required to provide proof of identity. This requirement will be met by providing a copy of one of the following documents:

- Australian driver photo licence showing current address, or
- Current Australian passport, and current address details, or
- Other proof of name, signature, relationship to the person on whose behalf you are acting and current address details.

You will be advised by the person processing your application if proof of identity is required.

### Information requested

I am seeking my own personal and/or health information.

I am seeking personal and/or health information about my child or person for whom I have legal guardianship.<sup>1</sup>

I am seeking personal and/or health information on behalf of another person other than my child.<sup>2</sup>

I am seeking information on behalf of another person other than my child for the following reason/s:

.....  
.....

I am seeking access to the following information held by the Department: [complete information on a separate page if necessary]

.....  
.....

I am seeking the above information for the period from .....to .....

### **Where to send your application**

Your application can be submitted to the business centre holding the information or Legal Services Directorate: email: [legal@det.nsw.edu.au](mailto:legal@det.nsw.edu.au) or by mail to:

Legal Services Directorate  
Department of Education and Communities  
GPO Box 33  
Sydney NSW 2001

Further information about your application can also be obtained from these locations.

### **Signature and declaration**

I declare that the information I have provided on this form is true and correct.

Signed .....Date ...../...../.....

#### **Privacy Notice**

*The information provided on this application form is being obtained for the purpose of processing your application for access to information. Providing this information is required by law. It will be stored securely. If you do not provide all or any of this information it could prevent or delay the processing of your application.*

<sup>1</sup> Please provide evidence of your relationship which the person whose personal information you are requesting if the Department does not already hold that information.

<sup>2</sup> If you are applying on behalf of another person other than your child or a person for whom you have legal guardianship please provide written authority and ID from that person.