



APPLICATION FOR ALTERATION

Application under the *Privacy and Personal Information Protection Act 1998* and/or *Health Records and Information Privacy Act 2002* for alteration of the applicant’s personal and/or health information.

Applicant details

Name Title: Mr / Ms / other

(Full Name)

Postal address.....

StatePost Code.....

Email (optional).....

As an applicant you have a right under the legislation to request alteration of personal and/or health information concerning yourself that is held by the Department of Education and Communities, to ensure it is accurate and, having regard to the purpose for which it was collected, is relevant, up to date, complete and not misleading.

If the Department is not prepared to amend the information you may request that it attach to the information a statement of the amendment sought.

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 the alteration sought.

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

Proof of Identity

When seeking alteration of your, your child’s or another person’s personal and/or health information 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 or current address details.

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

Amendment requested

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

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

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

I am seeking information on behalf of another person other than my child for the following reason/s: [complete information on a separate page if necessary]

.....
.....

I am seeking the following amendments to information held by the Department:

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.....

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 or by mail to:

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

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

You application can be lodged at the business centre that holds the personal or health information you wish to have amended or, if not known, to the address or email listed above.

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 alteration of information. Providing this information is not required by law however if you do not provide all or any of this information it could prevent or delay the processing of your application.

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

² 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.