

## ***Government Information (Public Access) Act 2009*** **FORMAL ACCESS APPLICATION**

Please complete this form to apply for formal access to government information under the *Government Information (Public Access) Act 2009* (GIPA Act).

A set of tips on how to prepare your application can be found at <https://www.ipc.nsw.gov.au/checklist-tips-framing-your-information-access-application>.

A request to access your own personal health information can be made without completing this form. Further information about applying for your own medical records can be found at <https://nswlhd.health.nsw.gov.au/patients-visitors-carers/right-to-information/gipa/accessing-personal-information>.

### **1. Your details**

**Surname:** ..... **Title:** Mr / Mrs / Ms / Miss

**Other names:** .....

**Postal address:** ..... **Postcode:** .....

**Day-time telephone:** ..... **Facsimile:** .....

**Email:** .....

*The questions below are optional and the information will only be used for the purposes of providing better service.*

**Place of birth:** ..... **Main language spoken:** .....

**Aboriginal or Torres Strait Islander:** Yes / No (circle one)

**Do you have special needs for assistance with this application:** .....

.....

.....

I agree to receive correspondence at the above email address.

### **2. Proof of identity**

*Only required when an applicant is requesting information on their own behalf.*

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

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

Current Australian passport

Other proof of signature and current address details

**3. Government information**

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

Note: If you do not give enough details about the information, Northern NSW Local Health District may refuse to process your application.

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**4. Personal information**

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

Have you applied, at any time, to another agency for similar information? **Yes / No** (circle one)

If yes, please provide the name of the agency.....

**5. 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).....  
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**6. Application Fee**

A **\$30 application fee** must be paid prior to this application being accepted.

Our preferred method of payment is via the NSW Health Payment Portal <https://paynswhealth.health.nsw.gov.au/other-payments>. To make a payment, please select the following options:

Health Organisation: Northern NSW Local Health District  
Hospital / Facility: Lismore Base Hospital  
Service: GIPA – Government Information (Public Access)

Online Payment receipt number:.....

Please contact the NNSWLHD GIPA team on [nswlhd-gipa@health.nsw.gov.au](mailto:nswlhd-gipa@health.nsw.gov.au) if you would like to make other arrangements for paying the application fee or have other questions about your application.

(Note: please do NOT send cash by post)

## 7. Third Party Consultation

Under section 54 of the GIPA Act, if the information you are requesting contains information about another person, business or government agency, Northern NSW Local Health District may be required to consult with third parties before deciding your application. The purpose of this consultation is for the Northern NSW Local Health District to determine whether the third party has an objection to disclosure of some, or all, of the information being requested.

Do you consent to your identity as an applicant being disclosed to the third party: **Yes** / **No** (circle one)

## 8. Disclosure log

If the information sought is released to you and we consider it may 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 our website. If you object to this, we must first decide if you are entitled to object and if so, whether the objection outweighs the general public interest in including this information in the disclosure log.

Do you object to the details about your application being recorded on the agency's disclosure log? **Yes** / **No** (circle one)

If **yes**, you can only object to the inclusion of information on an agency's disclosure log for one or more of the following grounds. Please circle the relevant ground

- The information includes personal information about you (or a deceased person for whom you are the personal representative)
- The information concerns your business, commercial, professional or financial interests
- The information concerns research that has been, or is being, or is intended to be, carried out by or on your behalf
- The information concerns the affairs of a government of the Commonwealth or another State (and you are entitled to act on behalf of that government agency).

**Please note:** if an agency decides to include information in its disclosure log despite your objection, you can seek a review of this decision.

## 9. Discount in processing charges

You may be asked to pay a charge for processing the application (\$30 / hour). Some applicants may be entitled to a 50% reduction in their processing charges. If you wish to apply for a discount, please indicate the reason:

- Financial hardship – please attach supporting documentation (e.g. a pension or Centrelink card).

**AND / OR**

- Special benefit to the public – please specify why below:
- .....

**Please note** that a processing charge cannot be discounted by more than 50% even if both reasons are relevant.

**10. Signature of Applicant:**

Applicant's Signature:.....

Date: .....

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This form may be submitted by:

**Via email (preferred):**

[nswlhd-GIPA@health.nsw.gov.au](mailto:nswlhd-GIPA@health.nsw.gov.au)

**Via post:**

GIPA Team

Northern NSW Local Health District

Locked Bag 11

Lismore NSW 2480