



# Application for Internal Review of Decision Government Information (Public Access) Act 2009 (GIPA)

Please print in BLOCK LETTERS with a black or blue pen

We encourage you to apply online at: <https://dcj.nsw.gov.au/about-us/gipa/apply-online-to-access-information.html>.

Complete this form to apply for an internal review of a decision by the Department of Communities and Justice (the Department) under the *Government Information (Public Access) Act 2009 (GIPA Act)*.

If you need help completing this form, please contact the Open Government, Information and Privacy Unit on 02 9716 -2662.

Please mark relevant boxes with a . If you need more room to answer any questions, please include details on a separate page and attach it to this form.

## APPLICANT DETAILS

Select the type of applicant that best describes you:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Member of the Public | <input type="checkbox"/> Legal Representative | <input type="checkbox"/> Private Sector              |
| <input type="checkbox"/> Member of Parliament | <input type="checkbox"/> Media Representative | <input type="checkbox"/> Non-for-Profit Organisation |

### Your details

Title   
Mr, Mrs, Ms, Miss, Mx

Last name or family name

Given name(s)

Date of birth

If applicable: Company Name

Postal Address: Unit/House number  Street/Avenue

Town/Suburb  Postcode

Contact number

Email

I agree to receive all correspondence related to this review at the above email address.  Yes  No

## Proof of Identity

When seeking access to government information, an applicant must provide proof of identity in the form of one of the following documents:

- Australian Driver Licence
- Current passport
- Other - proof of signature and current address details

Please attach a copy of identification to the application.

## AUTHORISING A PERSON / AGENCY TO ACT ON YOUR BEHALF

Attach a separate authority or complete this section **ONLY** if you are authorising another person to act on your behalf.

### Name of person / solicitor/ agency acting on your behalf

Last name or family name

Given name(s)

Company Name

### Address of person / solicitor/ agency acting on your behalf

Unit/House number

Street/Avenue

Town/Suburb

Postcode

Contact number

Email

Signature of Applicant

Date

## DETAILS OF DECISION

Reference number of the decision you are seeking review of: (e.g.GIPA22/9999)

Date of decision

OR

No decision has been made within 20 working days

### Grounds for review

Please clearly outline:

- the reason for your review;
- the Department's decision that you do not agree with;
- why you do not agree with the decision;
- (if applicable) the government information not provided to that you are seeking
- if it has been more than 20 working days and you have not received a decision.

\*(attach additional pages if necessary)

## APPLICATION FEE

Payment of the \$40.00 application fee has been paid by by way of EFT to:

### Bank Account:

Department of Communities & Justice

**BSB:** 032 001

**Account number:** 169 197

You must attach proof of payment to this application.

**Financial hardship** – Some applicants may be entitled to a 50% reduction in the application fee.

If you wish to apply for a discount, please indicate the reason below and attach supporting documents (e.g. Health Card, Pension or Centrelink card).

## CONSULTATION

The Department may be required to consult with third parties before deciding the review. Please note that a 10 business day extension may be applied if consultation is required. For the purposes of consultation, please indicate if the Department can disclose the following information about you, as the applicant, to third parties:

Your name and/or company name?  Yes  No

Your reason for making this application?  Yes  No

## DISCLOSURE LOG

If the information sought is released to you and would be of interest to other members of the public, details about your application (excluding your personal information) may be published in the Department's disclosure log on our website.

Please note that this does not apply to requests for your own personal information.

Do you object to information released being included in the disclosure log?  Yes - why?  No

## DCJ PRIVACY STATEMENT

This privacy notice applies to the Department. The Department and its related agencies/divisions comply with NSW privacy legislation when collecting and managing, personal and health information. The information we collect from you (or from an authorised third party) will be held by the Department. Your personal information will be used for the purpose(s) it was collected (for example to provide services to you) or any related, secondary purpose. We may also use your information within the Department as a whole to plan, coordinate and improve the way we provide services. The Department is legally authorised to disclose information to outside bodies in certain circumstances.

Further information about your privacy rights and how you can access your personal information can be found on the Department's Privacy Notice available on the Department's website at: <https://www.dcj.nsw.gov.au/statements/privacy.html> or by calling: 02 9716 2662.

The Department's Privacy Management Plan (PMP) explains how the Department complies with its obligations under the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*. The Department's PMP can be found on the Department's website at <https://www.dcj.nsw.gov.au/statements/privacy/privacy-management-plan.html>

Generally you have the right to access and correct the information if you believe that it is incorrect. If you wish to do so, please contact the Open Government, Information and Privacy Unit at [infoandprivacy@dcj.nsw.gov.au](mailto:infoandprivacy@dcj.nsw.gov.au) or call 02 9716 2662.

Applicant's Signature\*

X

Date

DD / MM / YYYY

\* by signing this form, I certify the information provided in this form is true and accurate to the best of my knowledge.

## WHERE DO I LODGE THIS FORM?

You can lodge this form by mailing or emailing it to:

**Post** Open Government, Information and Privacy Unit  
Department of Communities and Justice  
Locked Bag 5000  
PARRAMATTA NSW 2124

**Email** [infoandprivacy@dcj.nsw.gov.au](mailto:infoandprivacy@dcj.nsw.gov.au)  
Proof of a completed EFT funds transfer must accompany any emailed application