

Formal Access Application 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: <u>https://dcj.nsw.gov.au/about-us/gipa/apply-online-to-access-information.html</u>.

Please complete this form to formally apply for access to information held 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 X. If you need more room to answer any questions, please include details on a separate page and attach it to this form.

Are you a Care leaver seeking access to records about your time in out-of-home care? If you grew up in a children's home or in foster care, you may have been in out-of-home care. People who have left out- of-home care are known as "care leavers". Care leavers are entitled to access personal information about themselves regarding their time in care by lodging a request directly with the Care Leaver Records Access Unit, free of charge. For further information, go to <u>https://www.facs.nsw.gov.au/families/out-of-home-care/about-out-of-home-care/were-you- in-out-of-home-care,</u> or alternatively, phone 1300 137 160 or 02 9716 2500.		
APPLICANT DETAILS		
Select the type of applicant that best describe	es you:	
Member of the Public Legal Rep	presentative Private Sector	
Member of Parliament Media Re	presentative Non-for-Profit Organisation	
Your details Title Mr, Mrs, Ms, Miss, Mx Last name or family name Given name(s) Date of birth Do you identify as a First Nations person? If applicable: Company Name	DD / MM / YYYY Yes No Prefer not to say	
Postal Address: Unit/House number	Street/Avenue	
Town/Suburb	Postcode	
Contact number		
Email		
l agree to receive all correspondence related to this application 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. Please attach a copy of identification to the	Australian Driver Licence Current passport Other - proof of signature and current address details	
application.		

AUTHORISING A P	ERSON / AGENCY TO A	CT ON YOU	R BEHALF		
Attach a separate aut behalf.	hority or complete this sec	tion ONLY if	you are author	rising a	another person to act on your
Name of person / soli your behalf	citor/ agency acting on				
L	ast name or family name				
	Given name(s)				
	Company Name				
Address of person / solicitor/	Unit/House number	St	treet/Avenue		
agency acting on your behalf	Town/Suburb				Postcode
your benati	Contact number				
	Email				
	Signature of Applicant	×			
	Date	DD/M	M / YYYY		
GOVERNMENT INF	ORMATION				
	gal proceedings relevant request for information?	Yes		1	No
Are you seeking acce	ess to your own personal information only?	Yes		1	No
other persons	e personal information of and, if appropriate, staff nents. Do you consent to this?	Yes			No – We may be required to consult any third party whose personal information is contained in the records.
If applicable:	DCJ reference number:				
Select the typ	be of information you are seeking:	Housir	ıg		Child Protection
		Ageing	g/Disability	١	Youth Justice
		Other (please detail)		Corrective Services
	plicable) for the records:		MM / YYYY		DD / MM / YYYY ess, to enable us to identify it.
If your application is und		nd it or it may b	be deemed invali	id (e.g s	statements such as "including but
	access to information that is a attach additional information				lso wish to provide a reason for support your claim for access to the

APPLICATION FEE	
Payment of the \$30.00 application fee has been paid by way of E	EFT to:
Bank Account: Department of Communities & Justice	Financial hardship – Some applicants may be entitled to a 50% reduction in the application fee.
BSB: 032 001	If you wish to apply for a discount, please indicate the
Account number: 169 197 You must attach proof of payment to this application.	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 be 10 business day extension will be applied if consultation is requir indicate if the Department can disclose the following information	red. For the purposes of consultation, please

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	Yes -why?	No
included in the disclosure log?		

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 <u>infoandprivacy@dcj.nsw.gov.au</u> or call 02 9716 2662.

Applicant's Signature*

Date DD / M

* 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 <u>infoandprivacy@dcj.nsw.gov.au</u> Proof of a completed EFT funds transfer must accompany any emailed application