



# Access Application

## Government Information (Public Access) Act 2009

You may also be able to apply online at: <https://www.facs.nsw.gov.au/about/gipa/right-to-information-policy>  
Complete this form to apply for access to information held by the Department of Communities and Justice under the *Government Information (Public Access) Act 2009* (GIPA Act). If you need help completing this form, contact Open Government, Information and Privacy on 02 9716 -2662.

### APPLICANT DETAILS

**Type of Applicant** *select from the following*

**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 were 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 <https://www.facs.nsw.gov.au/families/out-of-home-care/about-out-of-home-care/were-you-in-out-of-home-care>, or alternatively, phone 1300 137 160 or 02 9716 2500.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Member of the Public</b> | <input type="checkbox"/> <b>Legal Representative</b> | <input type="checkbox"/> <b>Private Sector</b>              |
| <input type="checkbox"/> <b>Member of Parliament</b> | <input type="checkbox"/> <b>Media Representative</b> | <input type="checkbox"/> <b>Not-for-Profit Organisation</b> |

**Applicant Details** *or name of client*

<b>Title</b>		<b>Family Name</b>		<b>Given Names</b>	
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**Previous Names** *for members of the public only where applicable*

<b>Title</b>		<b>Family Name</b>		<b>Given Names</b>	
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<b>If applicable, any known client reference number issued by the department, e.g a tenancy file number, application number, ChildStory reference number, etc.</b>	<b>Date of Birth</b>
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DD/MM/YYYY

<b>Company Name</b>	<b>ABN</b>
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### Postal Address

	<b>State</b>		<b>Postcode</b>	
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<b>Contact No</b>		<b>Email Address</b>	
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I agree to receive all correspondence related to this application at the above email address  Yes  No

### Proof of Identity

When seeking access to your own personal information, an applicant must provide proof of identity in the form of one of the following documents. Please attach a copy of identification to application.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Australian Drivers Licence</b> | <input type="checkbox"/> <b>Current Australian Passport</b> | <input checked="" type="checkbox"/> <b>Other proof of signature and current address details</b> |
|--|---|---|

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

Attach a separate authority or Complete this section ONLY if you are acting on behalf of another person

<b>Name of person/solicitor/agency</b>		<b>Given Names</b>	
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<b>Company Name</b>	
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### Postal Address

	<b>State</b>		<b>Postcode</b>	
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<b>Signature:</b>	
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## GOVERNMENT INFORMATION

Are there current legal proceedings relevant to your request for information?

Yes

No

Are you seeking access to your own personal information only?

Yes

No

We may remove personal information of other persons and, if appropriate, staff names from documents. Do you consent to this?

Yes

No

If NO is selected, we are required to consult any third party whose personal information is contained in the records

Date range (if applicable) for the records: From DD/MM/YYYY to DD/MM/YYYY

Please indicate the type of information you are seeking:

Housing  Child Protection  Ageing/Disability  Youth Justice  Other \_\_\_\_\_

**Please provide sufficient detail below\* of the information you would like to access, to enable us to identify it.**

If your application is unclear we may not be able to find it or it may be deemed invalid (e.g statements such as “including but not limited to...” and “all records held in relation to...” may result in an application being deemed invalid).

\*(attach additional pages if necessary)

You can only apply for access to information that is already held by the agency. Attach any additional information or documentation that you feel will support your claim for access to the requested documents/information.

## APPLICATION FEE

I attach payment of the \$30.00 application fee by way of:

EFT Transfer

Cheque / Money Order\*

Bank Account: Department of Justice Operating Account

BSB: 032001 Account number: 201716

If paying by EFT you must attach proof of payment to this application

\*Cheques/Money orders are to be made payable to the **Department of Family and Community Services**

**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).



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### CONSULTATION

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

<b>Your name and/or company name</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Your reason for making this application</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 agency's 'disclosure log' on our website. Please note that this does not apply to requests for your own personal information.

<b>Do you object to information released being included in the Disclosure Log?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**If you do object, please tell us WHY?**

### PRIVACY STATEMENT

The Department of Communities and Justice (the department) is subject to the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*.

Your personal information is being collected to process your application for information pursuant to Part 4, Division 1 of the *Government Information (Public Access) Act 2009*. The provision of personal information is voluntary, however if you do not provide it we may not be able to process your application. The department may use your personal information for the purposes of processing your application within the agency. The department will not disclose your personal information without your consent unless authorised by law. Your personal information will be held by the department.

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 Privacy Officer by email at [privacy@facs.nsw.gov.au](mailto:privacy@facs.nsw.gov.au) or call 02 9377 6000.

<b>Applicant's Signature*</b>	<b>Date</b>
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*\* by signing this form, I certify the information provided in this form is true and accurate to the best of my knowledge.*

Applications can be lodged using the following methods:

POST	EMAIL
Open Government Information and Privacy Department of Communities and Justice   Legal Locked Bag 4028 ASHFIELD NSW 2131	<a href="mailto:facsgipa@facs.nsw.gov.au">facsgipa@facs.nsw.gov.au</a> <i>Proof of a completed EFT funds transfer must accompany any emailed application</i>