



Health Professional Councils Authority

Government Information (Public Access) Act 2009 ACCESS APPLICATION FORM

This form may be used to apply for formal access to government information held by the Health Professional Councils Authority under the *Government Information (Public Access) Act 2009* (GIPA Act). Before completing this form, you should read the HPCA's *Agency Information Guide* on our website at www.hpca.nsw.gov.au or contact us for further information or assistance in completing the application on 1300 197 177.

1. Your details

Last Name: Title: Mr / Ms / Mrs / Dr / Other.....

First name:

Postal address: Postcode:

Day-time telephone: Facsimile:

Email:

I agree to receive correspondence at the above email address

Type of applicant:

- Media representative Member of Parliament Legal representative
- Private sector business Not for profit or community group Member of the public group

Do you have special needs for assistance with this application?

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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 sought

- Personal Other

Please describe the information you would like to access in enough detail to allow us to identify it. Note: We may refuse to process your application if you do not give enough details.

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4. Releasing your name during third party consultations

If the information sought is of a kind that would require consultation with a third party (as required under section 54 of the GIPA Act), your name may be disclosed to a third party.

Do you consent to this (please tick one) Yes No

5. Form of access

How do you wish to access the information?

- Inspect the document(s) Obtain a copy of the document(s)
- Access in another way (please specify).....
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6. Application Fee

I attach payment of the **\$30 application fee** by cheque / money order (circle one).

7. Discount in processing charges

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

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

AND / OR

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

If the information sought is released to you and the HPCA decides that it would be of interest to other members of the public, the information may be publicly released in our 'disclosure log', which is published on our website.

Do you object to this? **Yes / No** (circle one) – If yes, please provide reasons:

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9. Signature and date

Applicant's signature: Date:

Please post this form with your payment and any supporting documentation to Health Professional Councils Authority, Locked Bag 20, Haymarket NSW 1238 or lodge it at: Level 6, 477 Pitt Street, Sydney



To learn more about right to information in New South Wales, visit the Office of the Information Commissioner website: www.ipc.nsw.gov.au or call on freecall 1800 472 679.

Office use only

Date application received: File reference: