# Government Information (Public Access) Act 2009 ACCESS APPLICATION

Please complete this form to apply for formal access to government information under the Government Information (Public Access) Act 2009 (GIPA Act). If you need help filling out this form, please email the Information and Privacy Officer at informationofficer@tag.nsw.gov.au or visit our website at www.tag.nsw.gov.au.

Applicant/client details				
Surname:	Given names:			Title:
Postal Address:				Postcode:
Day-Time Telephone:		Email Address:		
I agree to receive correspondence at the above email address.				
The questions below are optional and the information will only be used for the purposes of providing better service.				
Date of Birth:	Date of Birth: Main language spoken:			
Aboriginal or Torres Strait Islander:				
Yes No				
If you have special needs for assistance with this application, please give details:				
Type of Applicant (Select from the following):				
Member of the Public	Media Repres	entative	Member of P	Parliament
Legal Representative (please enclose a signed authority from the client authorising NSWTG to release documents to you)				



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

Current Australian passport

Other proof of signature and current address details

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

## **Information sought**

Are you seeking access to your own/your client's personal information?				
Yes	No			
Does your application include a request for the personal information of persons other than you/your client?				
Yes	No	(we may remove any third party personal information from the records)		
Are there curr	ent legal pr	oceedings relevant to your request for information?		
Yes	No			
Please describe the information you are seeking in enough detail to allow us to identify it.  Note: If you do not give enough details about the information, we may be unable to assist you.				
Date Range:		Details:		
To assist us in processing your application, please tell us why you would like this information:				



#### Consultation

The agency may be required to consult with third parties before deciding the application. For the purposes of consultation, please indicate if the agency can disclose the following information about you to third parties:

Your name and/or company name

Your reason for making this application

#### 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 below:)	

### Payment of Application Fee (please do not send cash by post)

I attach payment of the \$30 application fee by way of:				
	Cheque	Money Order	EFT Transfer (please provide proof of payment)	
Account Name: BSB: 032-001 Account No: 101088 Reference: Your Name/GIPA				

#### **Further processing charges**

You may be asked to pay a further charge for processing your application (at the rate of \$30 per hour.) You will be advised in writing if any such further processing charges are payable. You will also be advised of how you may apply for a 50% reduction in such processing charges.

#### Disclosure log

If the information you have asked for is released to you and would be of interest to other members of the public, details about your application may be recorded in our 'disclosure log'. The disclosure log is published on our website.

Do you object to this? Yes No



## **Declaration and Privacy**

I understand it is an offence to give false or misleading information.

I declare that to the best of my knowledge the information I have given is true and correct.

I understand that NSWTG collects my personal information to respond to my access application, ensure accountability, and for planning and reporting purposes.

I understand this information is used and stored by NSWTG in accordance with NSW Privacy legislation and I can access further information about the NSWTG Privacy Policy atwww.tag.nsw.gov.au

Applicant's signature:	Date:
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Please post this form (with particle NSW Trustee & Guardian Locked bag 5115 PARRAMATTA NSW 2124 or BY EMAIL to: informationoff	
Office use only	
Date application receive:	
GIPA Act Access Application Reference:	

