

Agency for Clinical Innovation

Government Information (Public Access) Act 2009

FORMAL ACCESS APPLICATION

Use this form to request access to Agency for Clinical Innovation (ACI) information under the *Government Information (Public Access) Act 2009* (GIPA Act).

If you need help in filling out this form, please contact the Right to Information Officer on +61 2 9464 4666 or visit our website at <https://aci.health.nsw.gov.au/about/corporate-information-and-reports/right-to-information-gipa>.

General information about the GIPA Act is available by calling the Information and Privacy Commission on 1800 472 679 or via: <http://www.ipc.nsw.gov.au>

1. Your details

Surname: **Title:** Mr / Mrs / Ms / Miss

Other names:

Postal address: **Postcode:**

Day-time telephone: **Facsimile:**

Email:

The questions below are optional and the information will only be used for the purposes of providing better service.

Place of birth: **Main language spoken:**

Aboriginal or Torres Strait Islander: Yes / No (circle one)

Do you have special needs for assistance with this application:

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☐ I agree to receive correspondence at the above email address.

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

Please describe the information you would like to access in enough detail to allow us to identify it.

Note: If you do not give enough details about the information, we may refuse to process your application.

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4. Personal information

Are you seeking personal information? **Yes / No** (circle one)

Have you applied, at any time, to another agency for similar information? **Yes / No** (circle one)

If yes, please provide the name of the agency.....

5. 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).....
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6. Third Party Consultation

Under section 54 of the GIPA Act, if the information you are requesting contains information about another person, business or government agency, the Agency for Clinical Innovation may be required to consult with third parties before deciding your application. The purpose of this consultation is for the Agency for Clinical Innovation to determine whether the third party has an objection to disclosure of some, or all, of the information being requested. Please indicate whether you consent to your identity as an applicant being disclosed to the involved third party:

Do you object to this? **Yes / No** (circle one)

7. Disclosure log

If the information sought is released to you and we consider it may be of interest to other members of the public, details about your application may be recorded in the agency's 'disclosure log'. This is published on our website. If you object to this, we must first decide if you are entitled to object and if so, whether the objection outweighs the general public interest in including this information in the disclosure log.

You can only object to the inclusion of information on an agency's disclosure log for one or more of the following grounds:

- The information includes personal information about you (or a deceased person for whom you are the personal representative)
- The information concerns your business, commercial, professional or financial interests
- The information concerns research that has been, or is being, or is intended to be, carried out by or on your behalf
- The information concerns the affairs of a government of the Commonwealth or another State (and you are entitled to act on behalf of that government agency).

Do you object to this? **Yes / No** (circle one)

Please note: if an agency decides to include information in its disclosure log despite your objection, you can seek a review of this decision.

8. Discount in processing charges

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

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

AND / OR

- ☐ Special benefit to the public – please specify why below:

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Please note that a processing charge cannot be discounted by more than 50% even if both reasons are relevant.

9. Application Fee

I attach payment of the **\$30 application fee** by EFT.

Bank: ANZ Banking Group – St Leonards, NSW

Entity: Agency for Clinical Innovation

BSB: 012 699

Account No: 574208350

SWIFT Code: ANZBAU3MXXX

Please include a reference based on your name and date of application.

Applicant's signature:

Date:

Please scan and send this form with details of Electronic funds Transfer (EFT) payment via email to ACI-GIPA@health.nsw.gov.au

General information about the GIPA Act is available by calling the Information and Privacy Commission on 1800 472 679 or visit the IPC's website: www.ipc.nsw.gov.au

Office use only

Date application received:

File reference:
