

Complete this form to apply for access to information held by the Department of Justice under the *Government Information (Public Access) Act 2009* (GIPA Act). If you need help completing this form, contact the Open Government, Information and Privacy Unit on 02 8346 -1370.

APPLICANT DETAILS					
Type of Applicant <i>select from the following</i>					
<input type="checkbox"/> Member of the Public		<input type="checkbox"/> Legal Representative		<input type="checkbox"/> Private Sector	
<input type="checkbox"/> Member of Parliament		<input type="checkbox"/> Media Representative		<input type="checkbox"/> Not-for-Profit Organisation	
Applicant Details <i>or name of client</i>					
Title		Family Name		Given Names	
Previous Names <i>for members of the public only where applicable</i>					
Title		Family Name		Given Names	
Corrective Services MIN: <i>If an offender/former offender</i>				Date of Birth	
				DD/MM/YYYY	
Company Name				ABN	
Postal Address					
			State		Postcode
Contact No					
Email Address					
I agree to receive all correspondence related to this application at the above email address				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of Identity					
<p>When seeking access to your own personal information, an applicant must provide proof of identity in the form of a *certified copy* of one of the following documents (i.e. signed and dated) by an authorised witness (Justice of the Peace, Doctor, Pharmacist, Legal Practitioner, Postmaster – Australia Post). For full list see: https://www.ag.gov.au/Publications/Statutory-declarations/Pages/List-of-authorized-witnesses.aspx</p> <p>Please attach a certified copy of identification to application.</p>					
<input type="checkbox"/> Australian Drivers Licence		<input type="checkbox"/> Current Australian Passport		<input type="checkbox"/> Other proof of signature and current address details	
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					
Name of person/solicitor/agency			Given Names		
Company Name					
Postal Address					
			State		Postcode
Signature:					

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 Justice**

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). NB: Current **inmates** please select financial hardship and provide the **\$15** application fee

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 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...” are likely to 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.

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:

Your name and/or company name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your reason for making this application	<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.

Do you object to information released being included in the Disclosure Log?	<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 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 infoandprivacy@justice.nsw.gov.au or call 02 8346-1526.

Applicant's Signature*	Date
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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
Department of Justice Open Government Information and Privacy Unit GPO Box 6 Sydney NSW 2001	infoandprivacy@justice.nsw.gov.au <i>Proof of a completed EFT funds transfer must accompany any emailed application</i>