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| **Freedom of Information**  **Application** **form** |
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# Your contact details

|  |  |
| --- | --- |
| **Surname** |  |
| **Given name(s)** |  |
| **Other names you may have been known by** |  |
| **Date of birth** |  |
| **Address** |  |
| **Postal address**  (if different from above) |  |
| **Email** |  |
| **Home phone number** |  |
| **Work phone number** |  |
| **Mobile phone number** |  |

# Proof of identity/authority to act documentation

To assist the Department of Health (the department) in making its decision to release documents to you, please provide a **certified** copy of a photo identification document, such as your driver’s license or passport. If your driver’s license does not show your current residential address, please provide a certified copy of an official letter which shows your current residential address. A certified copy is a photocopy that has been signed by an approved witness such as a pharmacist, registered medical practitioner or police officer.

If you do not have a photographic identification document, please provide certified copies of two other documents that show your identity, such as your Medicare card, pension card or an official letter. If you are unable to provide these documents, please contact the Freedom of Information unit on 1300 020 360.

# Are you an Aboriginal and/or Torres Strait Islander person?

*Please mark with an ‘X’ as appropriate. For persons of both Aboriginal and Torres Strait Islander origin mark both ‘Yes’ boxes.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you Aboriginal?** | Yes: | No: | Don’t Know: |
| **Are you Torres Strait Islander?** | Yes: | No: | Don’t Know: |

# Request details

Please provide details of the documents you are requesting by marking the appropriate box (or boxes) below with an ‘X’.

|  |  |
| --- | --- |
| **Health** |  |
| **Mental Health** |  |
| **COVID-19** |  |
| **Employee** |  |
| **Safescript** |  |
| **Other** |  |

If you think it would be helpful, please also provide detailed information (such as time frames) in order to assist the department in processing your application. If you are requesting specific reports please provide a description of the report/s including the date and the author.

If you need any assistance to complete this section, please contact the Freedom of Information unit on 1300 020 360.

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# If you are seeking documents about other people

If you are seeking access to documents about a person other than yourself, please provide their name, date of birth and their relationship to you in the space below. You will need to provide certified copies of any documents linking you to that person to enable you to access the documents, such as birth certificates, death certificates or guardianship/administration orders.

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of birth:** |  |
| **Relationship:** |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of birth:** |  |
| **Relationship:** |  |

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| --- | --- |
| How to submit your application You can post your application to:  Freedom of Information  Department of Health  GPO Box 4057  Melbourne Victoria 3001  Or you can email your application to: [foi@health.vic.gov.au](mailto:foi@health.vic.gov.au) | Checklist Have you?  •Attached certified identification? (This is not required if a support worker or lawyer is applying on your behalf)  •Given a clear explanation of the documents that you are requesting?  •Attached documents to support your application to access information about other people? (for example, a birth certificate or death certificate, if the person whose records you are requesting is deceased).  •Attached application fee of $30.10 (if you are requesting someone else’s records) payable by cheque/money order or apply and pay online at: <https://ovic.vic.gov.au/freedom-of-information/make-your-request-online/> |

# Your privacy

The Department of Health is committed to protecting your privacy. We collect and handle personal information in the Freedom of Information application form for the purposes of processing your application.

To provide a service to you and meet your needs, we will share your personal information with others within the department, such as the program area or divisional office that may hold your documents, or with our archiving facility.

For more information, please see the [department's privacy collection statement](https://www2.health.vic.gov.au/privacy) <https://www2.health.vic.gov.au/privacy>