

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 in filling out this form, please contact the Right to Information Officer at 02-9134-9383 or visit our website at www.legalaid.nsw.gov.au.

1. Applicant/client details

Last name: **Title:**

First names:

Postal address: **Postcode:**

Day-time telephone: **Facsimile:**.....

Email:

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: **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:

- | | |
|--|---|
| <input type="checkbox"/> Member of the Public | <input type="checkbox"/> Media Representative |
| <input type="checkbox"/> Member of Parliament | <input type="checkbox"/> Private Sector |
| <input type="checkbox"/> Legal Representative <i>(please enclose a signed authority from the client authorising Legal Aid NSW to release documents to you)</i> | |

2. Proof of identity

Only required when an applicant is requesting information on their own behalf.

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:

- | | |
|--|--|
| <input type="checkbox"/> Australian driver's licence
with photograph, signature and current address | <input type="checkbox"/> Current Australian passport |
| <input type="checkbox"/> Other proof of signature and current address details | |

3. 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 current legal proceedings 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.

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.....
.....

Date Range:

To assist us in processing your application, please tell us why you would like this information:

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.....
.....
.....

4. 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

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)

.....

6. Application Fee (please do not send cash by post)

I attach payment of the **\$30 application fee** by way of:

- Cheque
- EFT Transfer (please provide proof of payment)
- Money Order
- Credit Card (please complete credit card details below)

Account Name: Legal Aid NSW

Card Name:

BSB: 032-005 **Account No:** 166970

Card Number:

Reference: Your Name/GIPA

Expiry:

CVN:

7. 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.

8. 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**

9. 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 Legal Aid NSW 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 Legal Aid NSW in accordance with NSW Privacy legislation and I can access further information about the Legal Aid NSW Privacy Policy at www.legalaid.nsw.gov.au or call 9219 5000.

Applicant's signature: **Date:**.....

Please post this form (with payment) or lodge it at any Legal Aid NSW office.

RIGHT TO INFORMATION OFFICER, LEGAL AID NSW

323 CASTLEREAGH STREET, SYDNEY NSW 2000

or **PO BOX K 847 , HAYMARKET NSW 1238**

or **BY EMAIL to inhousecounselunit@legalaid.nsw.gov.au**

You may contact the Right to Information Officer in the In-house Counsel Unit by phone at 02-9134 9383.

Office use only

Date application received:

GIPA Act Access Application Reference: