



Please send the completed form to:
 Corporate Integrity, Information and Resolutions unit
 Department of Human Services
 GPO Box 4057
 Melbourne VIC 3001

Freedom of Information

Application form

Your details

The department collects your details so it can respond to your application; it will only use your details for this purpose.

Where your full details are not provided, your application for access to documents may be affected.

Your privacy: The department is bound by Victorian privacy law. For further information about privacy, please contact the Corporate Integrity, Information and Resolutions unit or see the department's Privacy Policy at:

www.dhs.vic.gov.au/privacy

Name: (First) _____ (Surname) _____

Other names known by: _____

Postal address: _____

_____ (State) _____ (P/code) _____

Telephone: (daytime) _____

Date of Birth: (Day) _____ (Month) _____ (Year) _____

Are you an Aboriginal or Torres Strait Islander?

Yes No

Do you consent to the department disclosing your identity and knowledge of this FOI application to other persons for any reasonable consultations necessary for processing your application? (eg: consultations may be with individuals also listed in the documents you seek.)

Yes No

Identification

In order to assist the department in making its decision to release documents to you, could you please provide a form of photo identification, such as a copy of your current driver's licence or passport. If you are unable to provide these documents, please contact the department on 9096 8449.

Class of Documents

Please provide a description of the documents you wish to access, such as:

- The type of documents you are seeking (eg: child protection);
- Any file numbers or names that you know of;
- When the documents were created; and
- Any specific documents or reports you wish to have access to.

Information about the documents

If insufficient space, please attach additional documentation to support your application.

The department provides a variety of client services, each maintaining their own client and administrative records. To assist us to find the documents you require please nominate the particular service/s involved. In the space provided please include the timeframes in which you are inquiring about.

Child Protection _____ Loan Assistance/Home Finance _____

Housing _____ Employee _____

Psychiatric _____ Youth Justice _____

Disability _____ Wardship _____

Other (please describe) _____





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<p>Details of the information you wish to access</p> <p>Please provide detailed information about the documents you are seeking to access, in order to assist the department to process your application.</p>	<p>Who are you seeking information about?</p> <p> Yourself and other people <input type="checkbox"/> Persons other than yourself <input type="checkbox"/> Yourself <input type="checkbox"/> </p> <p>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 relationship to you.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Optional information Is there any other information you wish to provide us to assist with your request?</p> <p>_____</p> <p>_____</p>
<p>Special requirements concerning Child Protection documents</p> <p>Sections 191(1) & 209(1) of the <i>Children Youth and Families Act 2005</i> require written consent to disclose the identity of a Reporter/Notifier or a person giving confidential information during a protective investigation</p>	<p>Child Protection Notifications/Reports</p> <p>If you were a Notifier/Reporter in a Child Protection matter, do you consent to the release to you of documents that would identify you as a Notifier/Reporter? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you believe you were a confidential source of information in a child protection matter, do you consent to the release to you of documents that would identify you as that confidential source of information? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>How would you like to access the documents?</p>	<p>Documents by registered post <input type="checkbox"/> OR Inspection of the original documents <input type="checkbox"/></p>

PLEASE SIGN BELOW

Applicant's signature

Date

CHECKLIST

Have You:

Tick:

Attached some form of identification with signature? (<i>For example a photocopy of your drivers licence</i>).	<input type="checkbox"/>
Attached \$23.40 application fee OR evidence of hardship?	<input type="checkbox"/>
Given a clear explanation of the documents you are seeking?	<input type="checkbox"/>
Attached documents to support your application to access information about other people (<i>eg: guardianship or administration orders</i>)?	<input type="checkbox"/>
Signed this form in the space provided above?	<input type="checkbox"/>

If you have any further queries or require assistance in completing this application form please contact the Corporate Integrity, Information and Resolutions unit on (03) 9096-8449

