



Freedom of Information Office  
**Application for Access to Information**  
Freedom of Information Act, 1992 S12, Western Australia

- Please read the Information for Applicants (on reverse side) before completing this form.

**DETAILS OF APPLICANT (Please print)**

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

(Include previous names if applicable)

Australian Postal Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

**Are you applying for information about another person?**     Yes  No

If you answered yes, please give the details of the other person:

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

\_\_\_\_\_

Australian Postal Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ your relationship to this person: \_\_\_\_\_

If you are applying on behalf of someone else, you must provide identification which clearly shows that you are the closest relative to the subject of the application e.g. birth certificate, marriage certificate, and death certificate in addition to providing personal identification. If you are not the closest relative, you must provide written authorisation from the closest relative permitting you to access the information. Authorisation forms are available from the Freedom of Information Office.

**DETAILS OF REQUEST**

Please describe the documents requested in as much detail as possible, including admission dates and the location of hospital / clinic / service if appropriate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**METHOD FOR COLLECTION**

I wish to:  Collect the document copies. Please ring when ready     Receive the document copies by mail

**Please note that should you elect to have the information mailed by way of Australia Post, Fiona Stanley Hospital takes no responsibility for safe delivery.**

**FEES AND CHARGES**

There are no fees and charges for personal information. Non personal information is subject to an application fee of \$30.00. A processing fee may also be applicable. All due charges must be paid before access will be granted. An advance deposit of 25% of charges may be required. In certain cases, a reduction of costs may apply.

I have enclosed a cheque/cash/money order to the amount of \$30.00 to cover the application fee.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach copies of two forms of your identification, one with a current signature**



## INFORMATION FOR APPLICANTS

### Freedom of Information Office

#### APPLICATION FORM

- You will need to provide sufficient information to enable the correct document(s) to be identified.
- If you are seeking document(s) on behalf of another person, you will need to produce authorisation in writing.
- Before you are given access to your personal documents, you will need to provide proof of identity.
- Applications for access to documents will be processed within 45 days of receipt of a valid application.
- Applications for amendment to documents will be processed within 30 days and internal review applications will be processed within 15 days. You will receive a letter notifying you that your application is being processed and the expected completion date.
- 

#### FEES AND CHARGES

There is no charge for access to **personal information**, amendment of personal information or internal review. If you are applying for access to Non Personal Information, you are required to pay an application fee of \$30.00. Additional charges for Non Personal Information are: time spent dealing with the application at \$30.00 per hour; photocopying costs at 20c per page; and postage and handling at cost price. In certain cases, applicants may be eligible for a reduction in these additional fees and charges. Contact the Freedom of Information Office for further information.

If you feel that the costs are excessive, you may apply for a review of the charges. Refer to the Review section below.

#### AMENDMENT OF PERSONAL INFORMATION

If you have received personal documents and you consider information to be out of date, incomplete, inaccurate or misleading, you have the right under the FOI Act to request an amendment of the information. An application must be in writing and must provide details, or if necessary, documentation to support claim. Your application must also indicate how you wish an amendment to be made (i.e. any alteration, insertion, and file note).

#### REVIEW

You have the right to ask for an Internal Review if you are not satisfied with any decision made by the Freedom of Information Office. Your request must be made in writing within 30 days of your receipt of the Hospital's decision. Further information is available from the Freedom of Information Office.

#### LODGEMENT OF APPLICATION FORM

**Post:** Freedom of Information Office  
Education Building  
Fiona Stanley Hospital  
Locked Bay 100  
PALMYRA DC WA 6961

**In person:** Freedom of Information  
Education Building  
Fiona Stanley Hospital  
Ground Floor  
Barry Marshall Parade  
MURDOCH.

**Email:** FSH.freedomofinformation@health.wa.gov.au

*Further information can be obtained by telephoning the Freedom of Information Office on (08) 6152 1057*

