

Government Information (Public Access) Act 2009

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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 duty legal officer on (02) 9879 2200 or visit our website at www.mcnsw.org.au. *General information about the GIPA Act is available by calling the Office of the Information Commissioner on freecall 1800 463 626 or at its website: www.oic.nsw.gov.au.*

1. Your details

Surname: **Title:** Mr / Ms / Dr
Other names:
Postal address: **Postcode:**
Day-time telephone: **Facsimile:**
Email:

The questions below are optional and the information will only be used for the purposes of providing better service.

Place of birth: **Main language spoken:**

Do you have special needs for assistance with this application:.....

.....
.....

I agree to receive correspondence at the above email address.

2. Government information

Please describe the information you would like to access in enough detail to allow us to identify it.
(Note: If you do not give enough details about the information, the agency may refuse to process your application.)

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Are you seeking personal information? **Yes / No** (circle one)

3. Form of access

How do you wish to access the information?

A copy of the document(s)

OR

Access in another way (please specify)

4. Application fee

I attach payment of the **\$30 application fee** by cash / cheque / money order (circle one).

Cash should not be posted. Cash payments can be made at our office in Building 45, The Old Gladesville Hospital Grounds, 2nd Gate Entrance (on Left), Off Punt Road, Gladesville 2111.

5. 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 may be recorded in the agency's 'disclosure log'. This is published on the agency's website.

Do you object to this? **Yes / No** (circle one)

6. Discount in processing charges

You may be asked to pay an additional charge for processing the application (\$30 / hour). Some applicants may be entitled to a 50% reduction in their processing charges. If you wish to apply for a discount, please indicate the reason:

Financial hardship – please attach supporting documentation (eg a pension or Centrelink card).

AND / OR

Special benefit to the public – please specify why below:

.....
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7. Signature and date

Applicant's signature.....Date.....

Please post this form to: Medical Council of New South Wales, PO Box 104, Gladesville NSW 1675

Office use only

Date application received:.....

File reference: