



Health Professional Councils Authority

Government Information (Public Access) Act 2009 ACCESS APPLICATION FORM

This form may be used to apply for formal access to government information held by the Health Professional Councils Authority under the *Government Information (Public Access) Act 2009* (GIPA Act). Before completing this form, you should read the HPCA's Agency Information Guide on our website at www.hpca.nsw.gov.au or contact us for further information or assistance in completing the application on 1300 197 177.

1. Your details

Last Name: _____ Title: Mr / Ms / Mrs / Dr / Other _____

First Name: _____

Postal address: _____ Postcode: _____

Day-time telephone: _____ Facsimile: _____

Email: _____

☐ I agree to receive correspondence at the above email address

Type of applicant:

- | | | |
|--|--|---|
| <input type="checkbox"/> Media representative | <input type="checkbox"/> Member of Parliament | <input type="checkbox"/> Legal representative |
| <input type="checkbox"/> Private sector business | <input type="checkbox"/> Not for profit or community group | <input type="checkbox"/> Member of the public |

Do you have special needs for assistance with this application? ☐ Yes ☐ No

2. Proof of identity (Only required when an applicant is requesting information on their own behalf)

When seeking access to personal information, an applicant must provide proof of identity in the form of a *certified 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. Government information sought

☐ Personal ☐ Other

Please describe the information you would like to access in enough detail to allow us to identify it. If your description does not fit in the space provided, please attach a separate sheet of paper.

Note: We may refuse to process your application if you do not give enough details.

**4. Releasing your name during third party consultations**

If the information sought is of a kind that would require consultation with a third party (as required under section 54 of the GIPA Act), your name may be disclosed to a third party.

Do you consent to this (please tick one)? ☐ Yes ☐ No

5. Form of access

How do you wish to access the information?

- ☐ Inspect the document(s) ☐ Obtain a copy of the document(s)
☐ Access in another way (please specify) _____

6. Application Fee

The \$30 application fee can be paid to:

Account Name: HPCA main account BSB: 032 000 Account number: 802 675

When making the payment, please include the following information:

- Your name (Payee)
- "GIPA Application"
- Council Name

Please attach your application payment receipt with this form.

7. 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 these processing charges. If you wish to apply for a discount, please indicate the reason:

- ☐ Financial hardship – please attach copy of supporting

AND / OR

- ☐ Special benefit to the public – please specify why below:

8. Disclosure log

If the information sought is released to you and the HPCA decides that it would be of interest to other members of the public, the information may be publicly released in our 'disclosure log', which is published on our website.

Do you object to this (please tick one)? ☐ Yes ☐ No

If yes, please provide reasons:

9. Signature and date

Applicant's signature: _____ Date: _____



Please post this form with your payment and any supporting documentation to Health Professional Councils Authority, Locked Bag 20, Haymarket NSW 1238 or lodge it at: Level 6, 477 Pitt Street, Sydney



To learn more about right to information in New South Wales, visit the Office of the Information Commissioner website:

www.ipc.nsw.gov.au or call on freecall 1800 472 679.

Office use only

Date application received: _____ File reference: _____