



SEYMOUR HEALTH
BRETONNEUX ST., SEYMOUR 3660
Phone: (03) 5793 6100 - Fax (03) 5792 4193

FREEDOM OF INFORMATION

ACCESS REQUEST FORM

Details of Applicant

Surname: _____ First Name: _____

Postal Address: _____

Postcode: _____

Date of Birth: ____/____/____

Phone number: Home: _____ Work: _____ Mobile: _____

Your Unit Record No (if known): ____/____/____/____/____/____/____/____

Details of Request

I wish to access the following document(s)/information:

The reasons I request access to the following document(s) is:

I wish to inspect the document(s): Yes No

I wish to obtain a copy of the document(s) Yes No

I wish to receive a summary of the document(s) Yes No

I wish to view the documents and have an explanation provided at the time by a health professional Yes No

I acknowledge that the Application Fee is **\$23.40** (GST exempt) and is payable at the time of application. (An official receipt is issued.)

I supply the following documents as proof of identity and agree to a photocopy being retained with this application.

driver's licence passport birth certificate

other _____

I understand that charges may be made in respect of this request and I will be notified of these charges. After notification of cost, I shall indicate if I wish to proceed with this request.

Signature: _____

Date: ____/____/____