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 **$28.45** (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: _____/_____/_____