



**Application for Information
 Freedom of Information Act (WA) 1992**

DETAILS OF APPLICANT (Please print)

Family Name: _____ Given Names: _____
 (Include previous names if applicable)

Australian Postal Address: _____

DOB: _____ Phone (Home): _____ (Mobile): _____

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

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

Family Name: _____ Given Names _____
 (Include previous names if applicable)

Australian Postal Address: _____

DOB: ____/____/____ Phone _____ (Mobile) _____

If you are applying on behalf of someone you must provide identification which clearly shows that you are the closest living relative to the subject of the application e.g. guardianship order, birth certificate, death certificate, marriage 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.

DETAILS OF REQUEST

Please describe the documents requested in as much detail as possible, include known admission dates and location of hospital / clinic / ward/ service as appropriate:

METHOD FOR COLLECTION

I wish to: Collect from Hospital
 Receive by mail

Please be aware that applications are provided in disc format unless specified otherwise

Other _____

FEES AND CHARGES

There are no fees and charges for personal information (e.g. Medical Records).

Non-Personal information is subject to an application fee of \$30.00. A processing fee may also be application. All due charges must be paid before access will be granted. In certain cases a reduction of costs may apply.

Signature of Applicant: _____ **Date:** _____

Please attach copies of two forms of valid identification, one with a current signature and photograph



INFORMATION FOR APPLICANTS
ROCKINGHAM PEEL GROUP FREEDOM OF INFORMATION OFFICE

APPLICATION FORM

- Sufficient information must be provided to enable correct document (s) to be identified.
- If seeking information on behalf of another person, you will need to provide authorisation in writing.
- Proof of identity is required prior to access to your personal documents (i.e. Driver's License, Passport, Medicare card, Concession Card)
- Applications for access to information will be processed within 45 days of receipt of a valid application.
- Applications for amendment to documents will be processed within 30 days.
- 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 per hour; photocopying at 20c per page; and posting/handling costs.

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.

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 provide details or any necessary documentation to support claim. Your application must also indicate how you wish an amendment to be made (i.e. any alteration, insertion or file note).

LODGEMENT OF APPLICATION FORM

Office hours are between Monday to Friday 8.30am – 3.30pm for lodgement in person.

Post: Freedom of Information
Rockingham General Hospital
PO Box 2033
ROCKINGHAM WA 6968

In Person: Freedom of Information
Main Reception
Rockingham Hospital
Elanora Drive
Coo loongup WA 6168

Email: rqh.foi@health.wa.gov.au