

FREEDOM OF INFORMATION - APPLICATION FORM

DETAILS OF APPLICANT:

Mr / Mrs / Ms Surname Name

Date of Birth (DOB)

Postal Address Postcode

Telephone Contact Numbers (Private) (Business)

DETAILS OF REQUEST: (Please provide as much detail as possible to assist with the identification of documents you require)

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.....

FORM OF ACCESS: (Please tick relevant boxes)

- I wish to inspect the document(s) at the Hospital @ \$5.00 per quarter hour
- I wish to obtain a copy of the document(s) @ \$19.90 (+GST) per hour of administrative costs including search fee
- I understand that an additional fee of between \$20 - \$30+GST per satchel will be charged for Express Post / Signature on Delivery

APPLICATION FEE: (Please tick whichever is applicable)

- I have enclosed a cheque for \$28.40 payable to Western District Health Service
- I request the amount of \$..... be deducted from my Credit Card (please request total before payment):
- Card Number Expiry Date
- Name on Card
- Signature of Card Holder
- I request that the application fee be waived or reduced
- Pensioner or Health Care Card Number
- Other Reasons

I understand that further charges may be made in respect of this request and that I will be supplied with a statement of charges if appropriate.

Signature of Applicant Date

**Please Return To: Freedom of Information Manager
Health Information Department
Hamilton Base Hospital
PO Box 283
HAMILTON VIC 3300**