

# 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 \$28.90 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**