

## Government Information (Public Access) Act 2009 ACCESS APPLICATION

Please complete this form to apply for formal access to government information under the *Government Information (Public Access) Act 2009 (GIPA Act)*. If you need help in filling out this form, please contact the Manager Corporate Governance on (02) 9689 4444 or visit our website at <a href="https://www.alc.org.au">www.alc.org.au</a>.

| Your details                            |   |
|---|---|
| Surname:                                |   |
| Other names:                            |   |
| Postal address:                         | Postcode:   |
| Day-time telephone:                     | Facsimile:  |
| Email:                                  |   |
| ☐ I agree to receive                    | e correspondence at the above email address.                                    |
| Government infor                        | mation  |
| Please describe the inf                 | formation you would like to access in enough detail to allow us to identify it. |
| Note: If you do not give e application. | enough details about the information, the agency may refuse to process your     |
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**Please note:** If you are seeking information relating to your personal affairs, we need proof of your identity. When you seek documents that concern another person's personal affairs, you are required to submit proof of identity as well as an authority letter from that person indicating they consent to the release of personal information concerning them to you. We also need consent from a client being represented by a solicitor.

| 3.    | Form of access  |  |  |  |
|-------|---|--|--|--|
|       | How do you wish to access the information   | ?  |  |  |
|       | ☐ Inspect the document(s)   | ☐ A copy of the document(s)  |  |  |
|       | ☐ Access in another way (please specify)  |  |  |  |
|       |   |  |  |  |
|       |   |  |  |  |
| 4.    | Application Fee   |  |  |  |
|       | I attach payment of the \$30 application fee  | by cash / cheque / money order (circle one).   |  |  |
|       | (Note: please do NOT send cash by post)   |  |  |  |
|       | ,   |  |  |  |
|       |   |  |  |  |
| 5.    | Disclosure log  |  |  |  |
|       | If the information sought is released to you and would be of interest to other members of the public,   |  |  |  |
|       | details about your application may be recorded in the agency's 'disclosure log'. This is published on the agency's website.   |  |  |  |
|       | Do you object to this? Yes / No (circle one   | <del>)</del> )   |  |  |
|       |   |  |  |  |
| 6.    | Discount in processing charges  |  |  |  |
|       |   |  |  |  |
|       | If you are given access to the information se   | ought, you may be asked to pay a charge for  |  |  |
|       | processing the application (\$30 / hour). So  | me applicants may be entitled to a 50% reduction in  |  |  |
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|       | processing the application (\$30 / hour). So their processing charges. If you wish to application [ Financial hardship – please attach su   | me applicants may be entitled to a 50% reduction in<br>oly for a discount, please indicate the reason:   |  |  |
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| Offic | processing the application (\$30 / hour). So their processing charges. If you wish to application (\$10 / hour). So their processing charges. If you wish to application and the please attach su card).  AND / OR  Special benefit to the public – please  eral information about the GIPA Act is available to 1800 472 679 or at its  | me applicants may be entitled to a 50% reduction in oly for a discount, please indicate the reason: pporting documentation (eg a pension or Centrelink specify why below:  by calling the Information and Privacy Commission on freecall website: www.ipc.nsw.gov.au |  |  |

## 7. Consent

| the GIPA Act requires an agency to consult with third parties when considering the potential release of formation about the other person's personal or other affairs. If we are required to consult other people bout your application, we may need your consent to tell that person that you are the applicant. Please dicate below if you consent to your identity as an applicant being disclosed: |  |  |  |
|---|--|--|--|
| • Yes, I consent to my identity as an applicant under GIPA Act being disclosed  |  |  |  |
| $ullet$ No, I do not consent to my identity as an applicant under the GIPA Act being disclosed $\Box$   |  |  |  |
|   |  |  |  |
| Applicant's signature:  |  |  |  |
| Date:   |  |  |  |
|   |  |  |  |
| Please post this form or lodge it at:   |  |  |  |
| Ground Floor, 33 Argyle Street<br>Parramatta NSW 2150   |  |  |  |
| or  |  |  |  |
| PO Box 1125<br>Parramatta NSW 2124  |  |  |  |

General information about the GIPA Act is available by calling the Information and Privacy Commission on freecall 1800 472 679 or at its website: www.ipc.nsw.gov.au

| Office use only            |   |
|----------------------------|---|
| Date application received: |   |
| File reference:            | 3 |