



Freedom of Information

Application for access to documents (under Freedom of Information Act 1992, S.12)

Preferred title (Hon/Dr/Mr/Mrs/Miss/Ms etc)

Surname: Given names:

Postal address:

State: Post code: Fax:

Telephone number(s): Home (Work)

Mobile: Email:.....

I am applying for access to:

.....
.....
.....

(Please attach additional sheet if necessary)

If this application is for another person please provide the full name of the person and their date of birth (please also attach a written consent authorisation from this person or their guardian).

Name of person:

Date of birth:/...../.....

Form of access (please tick appropriate box)

I require a copy of the document(s) []Yes []No

I want to inspect the document(s) []Yes []No

I require access in another form []Yes []No

(specify)

Fees and charges

Applicants for personal information: No cost. Please sign below and forward your application in an envelope clearly marked 'FOI'.

Applicants for non-personal Information (information other than that about yourself): Attach cheque/cash for \$30 to cover the application fee. Please sign below and forward your application and application fee in an envelope clearly marked 'FOI'.

I understand that before I obtain access to documents I **may** be required to pay processing charges in respect of this application and that I will be supplied with a statement of charges, if appropriate.

Applicant's signature: Date:/...../.....

Notes

FOI applications

Please provide sufficient information to enable the correct document(s) to be identified. In accordance with s29 of the Act, Disability Services may request proof of your identity. If you seek access to a document(s) on behalf of another person, Disability Services will require written authorisation from that person, confirming that this is the case. Your application will be dealt with as soon as possible after it is received, but in any case within the time specified by the Act.

Forms of access

You may request access to documents by requesting a copy of a document, by inspection, or by requesting a copy of an audio or video tape, a computer disc, a transcript of a recorded document or of words recorded in shorthand or encoded form, or a written document in the case of a document from which words can be reproduced in written form.

Where the agency is unable to grant access in the form requested, access may be given in a different form.

Lodgement of applications

By email, fax or post:

FOI Coordinator
Department of Communities
Disability Services
PO Box 441
WEST PERTH 6872
Fax: (08) 9226 2306

In person at:

Department of Communities
Disability Services
Ground floor reception
146-170 Colin Street
WEST PERTH WA 6005
(8 am – 5 pm)

FOI email address: recordswestperth@dsc.wa.gov.au

Further information

Contact the FOI Coordinator, Disability Services telephone: (08) 9426 9676 or fax: (08) 9226 2306) for further information.

(Office use only)

FOI reference number:.....FOI file number:

Received on:/...../.....

Proof of identity (if applicable)

Type

Sighted/...../..... By

Category of Request: ☐ Personal information ☐ Non-personal information