



# Freedom of Information Application Form

Unit Record No:.....

Surname: .....

Other names: .....

## Applicants Details:

Surname			
Given Names			
Address			
Suburb			Postcode:
Date of Birth	/	/	
Phone Business	Business:	Home:	Mobile:
Are you a pensioner or health care card holder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Please tick)
	<i>NOTE: If YES, please provide photocopy of both sides of your health care at the time of forwarding this application for.</i>		

## You are making a request for information about:

Surname			
Given Names			
Date of Birth	/	/	Relationship to myself:
Please provide specific information regarding documents / information you require:	<p>.....</p> <p>.....</p> <p>.....</p> <p><i>Please indicate whether you would like to inspect the documents and/or obtain a copy of the documents (circle whichever applies)</i></p>		
Are you a pensioner or health care card holder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Please tick)
	<i>NOTE: If YES, please provide photocopy of both sides of your health care at the time of forwarding this application for.</i>		
I want to inspect the document(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Please tick)
I want a copy of the document(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Please tick)
I wish to meet with the relevant Clinical Director to discuss aspects of this case:			
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Please tick)
Signature of Applicant:			Date: / /

### Application and Processing Charges

All requests will be dealt with within the 45 days prescribed by The Freedom of Information Act 1982.

**Fees and Charges:**

Application Fee: \$27.20

Search Fee: \$20.00

Photocopies: 20 cents per page

Mailing Fees: Sliding scale commences at \$0.20c per page.

Please note that your request cannot be processed until an application fee and/or proof of reason to waive fees has been received.

Please return signed and completed application form  
to:

**Freedom of Information Officer**  
**Calvary Health Care Bethlehem Hospital**  
**476 Kooyong Road**  
**Caulfield VIC 3162**