

1.2. Contact details

Postal Address

Postcode

Email (where you agree to receive correspondence relating to this application)

Day-time phone

2. Authorisation to release personal information

I am seeking my personal information

There is no requirement to complete this section

OR

I am seeking the personal information of another person

To be completed by the party whose personal information is requested
(or attach a separate authority to act)

I authorise icare to release information about me as outlined in Section 1 of this
Access Application

I authorise icare to release my personal information to the Person / Legal Representative /
Business / Agency named in Section 1 of this Access Application.

Full Name

Date of Birth

Address

Signature

Date

3. Proof of identity

If you are applying for your own personal information, please provide one form of certified¹ identification to support your application. If you are an authorised representative applying for another person's personal information on their behalf, please ensure that section 2 above is completed and include one form of their certified¹ identification.

Australian driver's licence
with photograph, signature
& current address

Current
Australian passport

Other photo ID and
proof of signature and
current address details

PLEASE NOTE: information may not be able to be released if identification requirements are not fulfilled

¹Certified means that the document has been verified, signed and dated by an authorised person
(JP, doctor, teacher, pharmacist, legal practitioner or Postmaster of Australia Post).

4. Details of government information sought

Please provide sufficient details below of the information you would like to access, to enable us to identify it. If your application is unclear we may not be able to find it or it may be deemed invalid (e.g. statements such as “including but not limited to” and “all records held in relation to” may result in the application being deemed invalid). **It would assist if you could please provide any of the following (if you are aware): claim number/policy number, participant number, date of injury, date of birth, employer’s name, claim manager (e.g., EML, Allianz, etc.)**

Claim Number/Policy Number (if applicable):

5. Details of any relevant previous applications

Have you applied at any time for substantially the same information from icare and/or another agency?

Yes No

If yes, please provide the following:

Agency name	Date applied
<input type="text"/>	<input type="text"/>

6. Details of current relevant legal proceedings

Are there current legal proceedings relevant to your request for information? Yes No

7. Consultation

icare may be required to consult with third parties before deciding the application. Please note that a 10 business day extension may be applied if consultation is required. For the purposes of consultation, please indicate if icare can disclose the following information about you to third parties:

Your name and/or company name as the ‘applicant’

Yes No

Your request for information

Yes No

PLEASE NOTE: If you do not consent to our agency providing these details, this may impact on the consulted agency’s/third party’s decision to release information

8. Form of access

How do you wish to access the information?

<input type="checkbox"/> Inspect the document(s)	<input type="checkbox"/> A copy of the document(s)
<input type="checkbox"/> Access in another way (please specify)	<input type="text"/>

9. Application fee

Please attend to payment of the **\$30 application fee** via direct bank transfer as follows:

Payment reference: **GIPA - [YOUR SURNAME]**

Account name: **Insurance and Care NSW**

Bank: **Westpac Banking Corporation**

BSB: **032 024**

Account number: **000 511**

Payment Made:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date payment made <input type="text"/>	Comment/Question <input type="text"/>

Copy of remittance advice attached

PLEASE NOTE: an access application cannot be deemed valid without receipt of the application fee. Processing will not commence until icare receives evidence that the \$30 fee has been paid.

10. 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 icare's 'disclosure log'. This is published on the icare's website.

Do you object to this? Yes No

11. Discount in processing charges

You may be asked to pay a charge for processing the application (\$30 / hour). Some applicants may be entitled to a 50% reduction in their processing charges. If you wish to apply for a discount, please indicate the reason:

Financial hardship - please attach supporting documentation (eg a pension or Centrelink card).

AND / OR

Special benefit to the public - please specify why below:

12. Privacy statement

Your personal and/or health information is being collected to process your application for access to information under Division 1 of part 4 of the *Government Information (Public Access) Act 2009*. The supply of your personal and/or health information is voluntary, however icare may not be able to process your application if you do not provide it. Your personal and/or health information will be used within icare for the purposes of processing your application. icare may disclose your personal information to other agencies, organisations or third parties, for the purpose of processing your application. icare may disclose your personal and/or health information where authorised or required to by law.

Your personal and/or health information will be held by icare at 321 Kent Street, Sydney NSW 2000, which is where all applications are processed. You have the right to access and correct your personal and/or health information. For further information visit: www.icare.nsw.gov.au/privacy

Applicant's signature

Date

You are encouraged to submit your application electronically. Please send your completed application via email to gipa@icare.nsw.gov.au, addressed to the GIPA Officer.

Alternatively, should you wish to complete a hard copy form and send it via post to icare, please send your application to:

Government Information (Public Access) Officer
icare
GPO Box 4052 Sydney
NSW 2001

General information about the GIPA Act is available by calling the Information and Privacy Commission on 1800 472 679 or visit the IPC's website: www.ipc.nsw.gov.au