



Education

<b>Please send this form to:</b>	<b>Enquiries and contact</b>
<a href="mailto:GIPA@det.nsw.edu.au">GIPA@det.nsw.edu.au</a> or Manager, Right to Access Department of Education GPO Box 33 Sydney NSW 2001	Right to Access T: 02 7814 3525 Email: <a href="mailto:gipa@det.nsw.edu.au">gipa@det.nsw.edu.au</a> Website: <a href="https://education.nsw.gov.au/about-us/rights-and-accountability/information-access">https://education.nsw.gov.au/about-us/rights-and-accountability/information-access</a>

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

*Before you fill in this form please read the department’s agency information guide at <https://education.nsw.gov.au/about-us/rights-and-accountability/information-access> and look to see whether the information you want is already available on our website. If in doubt, contact Right to Access and ask them if the information is already available or can be made available without a formal access application under the GIPA Act.*

### Applicant details

**Family name:** \_\_\_\_\_ **Title:** Mr / Ms / other \_\_\_\_\_

**Other names:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_  
(compulsory)

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Day-time telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

- I agree to exclude from the scope of my application the personal information of any third parties for whom I have not provided authority.
- I agree to the release of my/my client’s/my child’s name to any third parties the department may need to consult as part of my application. I understand that not agreeing could affect the outcome of my application.

Have you made an application for the same or similar information from another agency? Yes  No   
Name of other agency: \_\_\_\_\_

### I would like the following information from the department:

**Note:** For your application to be processed, you need to provide enough details for us to identify the information you want. For help go to the above website or contact Right to Access.

Please give the date range the information is to cover: ..... to .....

**Optional:** My reason for making this application:

### Application Fee \$30

Attach Credit Card payment receipt (credit card payment information found here: [www.education.nsw.gov.au/rights-and-accountability/information-access/gipa-application-and-payment-details](http://www.education.nsw.gov.au/rights-and-accountability/information-access/gipa-application-and-payment-details)) (preferred) or pay the **\$30 application fee** by cheque or money order made out to: **NSW Department of Education. Application will not be valid until credit card payment receipt or cheque/ money order is received.**

## Personal Information

I am seeking the personal information of:

Myself                       My child \_\_\_\_\_ (name)                       My client \_\_\_\_\_ (name)

My/child's/client's date of birth is: \_\_\_\_\_ DE Staff ID number (if relevant): \_\_\_\_\_

Proof of identify, proof of relationship and written authority has been provided where relevant.

### If seeking school records

Name of last NSW government school\* attended: \_\_\_\_\_

Last calendar school year (not grade): \_\_\_\_\_

**\*If the last attended NSW school name is not provided your application will be considered invalid.**

**\*This means the last government school attended, usually high school, in NSW. This does not mean the school you are requesting records from.**

## Proof of Identity and authority required for personal information

Proof of identity is required when requesting personal information in order to comply with privacy requirements. Please provide a copy of the following documents with your application for yourself, your client or your child.

Applying for own records	Applying for own child's records	Applying for client/third party's records
Signature ID <input type="checkbox"/> Current Australian photo driver's licence; <input type="checkbox"/> Australian passport; or <input type="checkbox"/> other proof of name, signature and current address details	<input type="checkbox"/> Parent/carer signature ID; <input type="checkbox"/> ID with proof of relationship (Medicare card or birth certificate showing both parent/carer and child names); and <input type="checkbox"/> Child's authority form for counselling records (if over 12 years old)	ADULT <input type="checkbox"/> Client/third party's ID; and <input type="checkbox"/> Client/third party's authority CHILD <input type="checkbox"/> Parent/carer signature ID; <input type="checkbox"/> Proof of relationship (Medicare card or birth certificate showing both parent/carer and child names); <input type="checkbox"/> Client/third party's authority; and <input type="checkbox"/> Child's authority form for counselling records (if over 12 years old)

## Form of access

We will provide you with a copy of the released information electronically where possible. Please advise if you require access in another way.

## Processing charges

You may be asked to pay a charge for processing the application (\$30 per hour). If a charge applies, we will provide you with an estimate of the total payable before charges are incurred.

In some circumstances the processing charge may be reduced. If processing charges apply you may wish to request a reduction, if so please provide evidence of why you are doing so. A 50% reduction automatically applies to holders of a current Pensioner Concession Card issued by the Commonwealth, full-time students and non-profit organisations.

## Signature and declaration

I declare that the information I have provided on this form is true and correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Privacy Notice

The information provided on this application form is being obtained for the purpose of processing your GIPA application. Providing this information is required by law. It will be stored securely. If you do not provide all or any of this information it could prevent or delay the processing of your GIPA application.