

Privacy internal review application form

This is an applicationⁱ for a review of conduct under (please tick the box):

- ☐ s53 the *Privacy and Personal Information Protection Act 1998*ⁱⁱ
- ☐ s21 of the *Health Records and Information Privacy Act 2002*ⁱⁱⁱ

Details of the applicant (the person whose information is the subject of the application)	
1	Family name: _____ Given name: _____
2	Postal address: _____ Email address: _____
3	Phone number: _____ (work) _____ (mobile)
4	Is the applicant a: (please tick the box) ☐ student ☐ staff member ☐ parent or caregiver ☐ community member
If you are lodging the application on behalf of someone else, please complete questions 5–8	
5	Family name: _____ Given name: _____
6	Your address: _____
7	Your relationship to the applicant: _____
8	The reason why you are lodging the application on behalf of the applicant. ^{iv}
9	What is the “conduct” ^v of which you are seeking an internal review? (attach additional pages if required)
10	Please select which of the following describes the conduct the subject of this application (you can choose more than one) ☐ collection of your personal/health information ☐ security or storage of your personal/health information ☐ refusal to let you access or find out about your personal/health information ☐ accuracy of my personal/health information ☐ use of my personal/health information ☐ disclosure of my personal/health information other

11	When did the conduct occur? (please be as specific as you can)
12	When did you first become aware of this conduct? (please include the date)
13	You need to lodge this application within 6 months of the date you have written at Q12. If more than 6 months have passed, please explain why you have taken more than 6 months to lodge your application. The department will consider your reasons for delay when deciding whether to accept your application.
14	What effect did the conduct have on you (the applicant)?
15	What effect might the conduct have on you (the applicant) in the future?
16	What would you like to see the department do about the conduct? (for example: an apology, a change in policies or practices, your expenses paid, training for staff etc)
17	I understand that the information on this form will be used by the department to process the application and any subsequent action in connection with the internal review or other action undertaken in response to the application.

18	I understand that the NSW Privacy Commissioner will be notified of the application in accordance with Section 54(1) of the <i>Privacy and Personal Information Protection Act 1998</i> and/or Section 21 of the <i>Health Records and Information Privacy Act 2002</i> and that the NSW Privacy Commissioner will be kept informed of the progress and outcome of the internal review.
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Signature:

Date:

(Signature of applicant^{vi} or person lodging the application on behalf of the applicant.)

Submit this completed form to:

Legal Services
NSW Department of Education
Level 5, 105 Phillip Street
Parramatta NSW 2150
Email: legal.privacy@det.nsw.edu.au

ⁱ While your application must be in **writing**, it is not a requirement under the *Privacy and Personal Information Protection Act 1998* or the *Health Records and Information Privacy Act 2002* that you complete an application form. This form is designed for your convenience only.

ⁱⁱ Tick this box if your application involves your “personal information”. “Personal information” is information or an opinion (including information or an opinion forming part of a database and whether or not recorded in a material form) about an individual whose identity is apparent or can reasonably be ascertained from the material form) about an individual whose identity is apparent or can be reasonably be ascertained from the information or opinion.

ⁱⁱⁱ Tick this box if your application involves your “health information”. “Health information” is “personal information” (see point 2 above) that is information or an opinion about an individual’s physical or mental health or disability or information relating to the provision of a health service to an individual.

^{iv} The reason may include decision making disabilities, immaturity or others you consider relevant. Information and Privacy Commission New South Wales has published a [Guide on Privacy and People with Decision Making Disabilities](#).

^v “Conduct” can include an action, a decision, or inaction by the Department. For example the “conduct” might be a decision to refuse you access to your personal information, the disclosure of your personal information to another person or the failure to protect your personal information from being inappropriately accessed by someone else.

^{vi} If the applicant is incapable of signing the form, the person who is lodging the application on his/her behalf should sign.

Privacy Notice The information provided on this form is being obtained for the purpose of making an application for internal review under Part 5 of the *Privacy and Personal Information Protection Act 1998*. This information might be provided to particular officers of the NSW Department of Education for investigation of the conduct the subject of the application. Other persons and/or agencies that may be provided with this information include the NSW Privacy Commissioner and any other person or agency identified by you as playing a role in the conduct the subject of this internal review application. Provision of this information is voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the Legal Services Unit on 9561 8538.