



Fremantle Hospital and Health Service  
Freedom of Information Office

Application for Access to Information  
Freedom of Information Act, 1992 S12, Western Australia

▪ Please read the Information for Applicants (on reverse side) before filling in this form.

**DETAILS OF APPLICANT (Please print)**

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_  
(Include previous names if applicable)

Australian Postal Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Are you applying for information about another person?  Yes  No

If you answered yes, please give the details of the other person:

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Australian Postal Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ your relationship to this person: \_\_\_\_\_

If you are applying on behalf of someone else, you must provide identification which clearly shows that you are the closest relative to the subject of the application e.g. birth certificate, marriage certificate or death certificate, in addition to providing personal identification. If you are not the closest relative, you must provide written authorisation from the closest relative permitting you to access the information. Authorisation forms are available from the Freedom of Information Office.

**DETAILS OF REQUEST**

Please describe the documents requested in as much detail as possible, including admission dates and the location of hospital / clinic / service if appropriate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**METHOD FOR COLLECTION**

I wish to:  Collect the document copies - please ring when ready.  Receive the document copies by mail  
**Please note that should you elect to have the information mailed by way of Australia Post; Fremantle Hospital & Health Service takes no responsibility for safe delivery.**

**FEES AND CHARGES**

**There are no fees and charges for personal information i.e. if you are applying for access to your own information, or you act on behalf of your client, you are not required to pay a fee.**

Non personal information is subject to an application fee of \$30.00, which must be enclosed with your application. (See information for applicants over the page)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach copies of two forms of your identification, one with a current signature**



# Fremantle Hospital and Health Service INFORMATION FOR APPLICANTS

## Freedom of Information Office

### APPLICATION FORM

- You will need to provide sufficient information to enable the correct document(s) to be identified.
- If you are seeking document(s) on behalf of another person, you will need to produce authorisation in writing.
- Before you are given access to your personal documents, you will need to provide proof of identity.
- Applications for access to documents will be processed within 45 days of receipt of completed application.
- Applications for amendment to documents will be processed within 30 days and internal review applications will be processed within 15 days. You will receive a letter notifying you that your application is being processed and the date your application will be processed by.

### FORMS OF ACCESS

You can ask to access information by:

- inspection of documents
- a copy of the documents
- a transcript of any other encoded form
- a copy of audio or video tape
- a computer disc
- a transcript of words recorded in shorthand
- a transcript of a recorded document
- a compact disc for copies of x-rays

### FEES AND CHARGES

There is no charge for access to personal information, amendment of personal information or internal review. If you are applying for access to Non Personal Information, you are required to pay an application fee of \$30.00. Additional charges for Non Personal Information are: time spent dealing with the application at \$30.00 per hour; photocopying costs at 20c per page; and postage and handling at cost price. In certain cases, applicants may be eligible for a reduction in fees and charges. Contact the Freedom of Information Office for further information.

If you feel that the costs are excessive, you may apply for a review of the charges. Refer to the Review section below.

### AMENDMENT OF PERSONAL INFORMATION

If you have received personal documents and you consider information to be out of date, incomplete, inaccurate or misleading, you have the right under the FOI Act to request an amendment of the information. An application must be in writing (or on a form available from the Freedom of Information Office) and must provide details, or if necessary, documentation to support claim. Your application must also indicate how you wish an amendment to be made (i.e. any alteration, insertion, file note, deletion). Information on a public record cannot be deleted without written certification from the Information Commissioner, in accordance with S48 of the Freedom of Information Act, 1992.

### REVIEW

You have the right to ask for an Internal Review if you are not satisfied with any decision made by the Freedom of Information Office. Your request must be made in writing within 30 days of your receipt of the Hospital's decision. Review application forms and further information are available from the Freedom of Information Office.

### LODGEMENT OF APPLICATION FORM

**Post:** Freedom of Information Office  
Fremantle Hospital & Health Service  
PO Box 480  
FREMANTLE WA 6959

**In person:** FOI & Legal Services Department  
Fremantle Hospital  
Gate 6, M Block  
Alma Street, Fremantle

**Fax:** (08) 9431 2216

**Email:** [FH.FreedomofInformation@health.wa.gov.au](mailto:FH.FreedomofInformation@health.wa.gov.au)

Further information can be obtained by telephoning the Freedom of Information Office on **(08) 9431 2685**.