



APPLICATION for ACCESS to GOVERNMENT INFORMATION

Government Information (Public Access) Act (NSW) 2009

Please complete this form to apply for formal access to government information under the *Government Information (Public Access) Act 2009* (GIPA Act). If you need help in filling out this form, please contact the NESAs Access & Privacy Officer on **02 9367 8360** or visit our website at <http://educationstandards.nsw.edu.au>

1. Your details

Surname: **Title:** Mr / Ms
Other name(s):
Postal address: **Postcode:**
Day-time telephone: **Facsimile:**
Email address:

The questions below are optional and the information will only be used for the purposes of providing better service.

Place of birth: **Main language spoken:**

Aboriginal or Torres Strait Islander: **Yes** **No**

Do you have any special needs that may require assistance with this application?:

.....
.....

I agree to receive correspondence at the email address provided above.

2. Personal Information

I am seeking my own personal information and include proof of my identity.

My date of birth is: **Student ID number (if relevant):**
If you are applying on behalf of another person (not your own child), please provide written authority and ID from that person as privacy issues may apply. You also need to provide your own ID.

I am seeking personal information about my child: (full name)

Child's date-of-birth is: I attach proof of identity for me and my child (see note below).

Name of last school attended: **Last school year:**

Please provide identification for both you and your child and proof of your relationship (e.g. child's birth certificate or passport, your Benefit Card or Medicare Card showing child's name).

If over age-16, your child needs to give you written authority to seek information about them, as privacy issues may apply.

3. Government information

Please describe the information you would like to access in enough detail to allow us to identify it.
(If you do not give us sufficient details, the agency may be unable/refuse to process your application.)

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4. Form of access

How do you wish to access the information?

Inspect the document(s) A copy of the document(s)
 Access in another way (please specify).....
.....

5. Application Fee

I attach payment of the **\$30 application fee** by:

Cash Cheque Money order credit card (provide details @ page 3)
(please do NOT send cash by post)

6. 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 agency’s ‘disclosure log’. This is published on the agency’s website.

Do you object to this? Yes No

7. 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:

Applicant’s signature:

Date:

**Please post this form to: Access & Privacy Officer
NSW Education Standards Authority
GPO Box 5300 Sydney NSW 2001**

or lodge it at: Level 4, 117 Clarence Street Sydney NSW 2000

NSW Education Standards Authority – Credit Card Payment Form

Please enter the details of the payment below. All fields marked with an asterisk * must be completed
If paying by credit card, you can email your application to: access.information@nesa.nsw.edu.au

*	Family Name:		Family name of person making the application
*	Given Name:		Given name of person making the application
*	Cardholder name:		Name on Credit Card
*	Card Number:	_ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _	
*	Card Type:	<input type="checkbox"/> VISA or <input type="checkbox"/> MASTERCARD	
*	Card Expiry Date:	_ _ _ _ _ / _ _ _ _ _	e.g. 05/18
*	Amount: <small>PLEASE NOTE: a 0.4% processing fee will be added to all CREDIT CARD payments</small>	\$ _ _ _ _ _	An application fee under the GIPA Act is \$30 (an authorised concession fee is \$15)
*	Signature:	_____	
	Optional: Please send receipt to: <input type="checkbox"/> Mailing address <input type="checkbox"/> Email	Paying:	<input type="checkbox"/> Application Fee <input type="checkbox"/> Advance Deposit Processing Charges <input type="checkbox"/> Balance of Processing Charges <input type="checkbox"/> Processing Charges – Total Amount

This form will be stored securely until payment has been confirmed.

Once complete, the credit card information will be destroyed according to agency procedure.

(PLEASE ENSURE YOU INCLUDE THIS PAGE WITH YOUR INFORMATION ACCESS APPLICATION FORM, IF APPROPRIATE)