

Freedom of Information Application to Access Time of Birth Information

SECTION A: APPLICANT DETAILS

Title(Mr/s/Ms/Mx/Dr)----- Surname (Family Name): -----

Given Name(s): ----- Date of Birth-----

Residential Address: -----

-----Postcode: -----

Contact Phone No: Home: -----Work: ----- Mobile: -----

Email: -----

SECTION B: Relationship of Applicant to Patient /Birth Mother

N/A -Self

NATURE OF RELATIONSHIP OF APPLICANT TO PATIENT/BIRTH MOTHER (Please tick one)

Child of patient/ birth Mother

Parent of child - Mother /Father

Spouse / De facto/partner of child

Other please specify.....

SECTION C: PATIENT/ BIRTH MOTHER'S DETAILS

Patient / Birth Mother's Surname ----- Patient / Birth Mother's Given Names: -----

Patient / Birth Mother's Maiden Name-----

Other Names known as at the time of hospital presentation (if known and different from above):

Patient /Birth Mother's Date of Birth: -----/-----/-----

Patient/ Birth Mother Presented To (Please Tick)

Footscray Hospital

Sunshine Hospital

Williamstown Hospital

Bacchus Marsh Hospital

Other please specify-----

SECTION E: FEES AND CHARGES

Application Fee	\$31.80 (non-refundable)
Search Fee (if applicable)	\$23.85 (per hour or part thereof)
Retrieval Fee for archived hard-copy offsite records (if applicable)	\$18.40
Additional access charges	See below (subject to choose of access by applicant and if access can be provided in that form)

All Sites	Cost
<input type="checkbox"/> Electronic Copy of the record through electronic link	No access charge (a search fee may still apply)
<input type="checkbox"/> Registered Post	\$11.00 (minimum)
<input type="checkbox"/> Black and White A4 Photocopying	\$0.20 per black and white A4 page
<input type="checkbox"/> USB	\$30.00 \$15.00 for every additional USB (beyond the first USB)
<input type="checkbox"/> Historical Records	Subject to reasonable costs incurred by WH

I understand that an Application Fee must be paid with my application for it to be a valid request which is non-refundable under the Freedom of Information Act 1982 (Vic) (FOI Act).

I also understand that additional access charges may apply for processing the request under the FOI Act, and that I will be provided with an invoice along with the decision on my request.

I also understand that historical document requests may be refused if consultation on an extension of time and access charges is not completed within a reasonable time-frame.

Concessional Information

If you have a current Healthcare/Pension Card, the application fee may be waived (access charges may still apply). Please ensure you attach to your request a copy of your pension or healthcare card.

Applicant's Signature: ----- **Date:** -----

SECTION G: PAYMENT OPTIONS

EFT Payments to be made to:

Please include the following reference as the description when making the payment:

FOI [Your surname and/or UR if known, without a reference we will not be able to identify your payment]

Bank Details: NAB

Name: Western Health Operating Account

BSB: 083170

Account: 123660703

Email Remittance to: foi@wh.org.au

Credit Card Payments:

Please call the western health finance department on (03) 8345 6915

SECTION H: APPLICATION CHECKLIST

- I have completed the FOI Application Form; and
- I have paid the Application Fee (or included a copy of my concession card; and
- I have included Photo Identification (current drivers' licence and/or passport); and
- I have included relevant authority from the patient authorising me to access the information or other relevant legal authority (if relevant).

Return your Application To:

By email: foi@wh.org.au

By MAIL:

Freedom of Information (FOI)

Western Health

Locked Bag 2

Footscray VIC, 3012

Contact us Tel: (03) 8345 6352

What's Next?

We will confirm receipt of your application by email and begin to process your request. You will be advised of our decision in 30 days if no third-party consultation is required or if no extension is sought.

See our **FOI FAQ'S** for further information.