

# Request to Access Records and Information Application Form



All yourtown

Applicant Details			
Name		Date of Birth	/ /
Address			
Phone		Mobile	
Email Address			
Other Identifying information e.g. Maiden name, Foster name, nickname, alias			

<b>Are you seeking access to information on behalf of someone else?</b>		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Name of the other person			
Relationship			
Date of Birth	/	/	
Address			
Phone			
Email Address			
Other Identifying Information e.g. Maiden name, Foster Name, Nickname, Alias.			
<p><b>NOTE:</b> Please attach proof of your authorisation to act on the person’s behalf, such as legal documentation in support of your authority (For example: A Power of Attorney) or written authorisation from the person concerned.</p>			

Proof of Identity – Photographic Identification or Non Photographic Identification – Must be certified	
One certified Photographic Identification	Two certified Non Photographic Identification
<input type="checkbox"/> Driver’s Licence <input type="checkbox"/> Passport <input type="checkbox"/> I8 + Card <input type="checkbox"/> Student Card	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Medicare Card <input type="checkbox"/> Health Care Card <input type="checkbox"/> Bank Statement or Phone Bill with your Name
<p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>• If you are seeking access to documents that contain personal information either in relation to you or on behalf of another person, you must provide certified evidence of your identity with this application in order for your application to be processed</li> <li>• If you are seeking documents on someone’s behalf, both parties must provide evidence of their identities and relationship</li> <li>• If the person who you are seeking information about is deceased, then please advise if you are the Executor of the persons estate or if you hold a Letter of Administration.</li> </ul>	

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<b>Which service at yourtown did you gain assistance from or attend?</b>		
Name of the service e.g. Employment Services, Kids Help Line, Parent Line, <b>yourtown</b> Residential Service.		
The Location		
When did you attend?	From    /    /	To    /    /

<b>What kind of Information or records are you seeking?</b>	
Counselling or Case notes	<input type="checkbox"/>
Education records	<input type="checkbox"/>
Employment Services records	<input type="checkbox"/>
Photographs	<input type="checkbox"/>
Other? Please state details of anything specific you are seeking.	

<b>Can you provide us with any other details which may assist us in processing your application?</b>

<b>Preferred delivery format</b>	<input type="checkbox"/> Secure e-mail attachment	<input type="checkbox"/> Encrypted CD	<input type="checkbox"/> Registered Mail
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I declare that the information provided on this form is complete and correct		
Signature of Applicant		Date    /    /
Please return the completed form to	<a href="mailto:privacy@yourtown.com.au">privacy@yourtown.com.au</a> or <b>yourtown, GPO Box 2469, BRISBANE QLD 4001</b>	