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

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| Are you seeking access to information on behalf of someone else?  | [ ]  No  | [ ]  Yes |
| Name of the other person |       |
| Relationship |       |
| Date of Birth |      /     /      |
| Address |       |
| Phone |       |
| Email Address |       |
| Other Identifying Informatione.g. Maiden name, Foster Name, Nickname, Alias. |       |
| **NOTE**: 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.  |

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| Proof of Identity – Photographic Identification or Non Photographic Identification – Must be certified |
| One certified Photographic Identification | Two certified Non Photographic Identification |
| [ ]  Driver’s Licence | [ ]  Birth Certificate |
| [ ]  Passport | [ ]  Medicare Card |
| [ ]  18 + Card  | [ ]  Health Care Card |
| [ ]  Student Card | [ ]  Bank Statement or Phone bill with your Name |
| NOTE:* 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
* If you are seeking documents on someone’s behalf, both parties must provide evidence of their identities and relationship
* 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.
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| Which service at yourtown did you gain assistance from or attend? |
| Name of the servicee.g. Employment Services, Kids Help Line, Parent Line, **yourtown** Residential Service. |       |
| The Location |       |
| When did you attend? | From      /     /      | To      /     /      |

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| What kind of Information or records are you seeking?  |
| Counselling or Case notes | [ ]         |
| Education records | [ ]        |
| Employment Services records | [ ]         |
| Photographs | [ ]        |
| Other?Please state details of anything specific you are seeking. |        |

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| Can you provide us with any other details which may assist us in processing your application? |
|       |

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| Preferred delivery format | [ ]  Secure e-mail attachment  | [ ]  Encrypted CD  | [ ]  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 | privacy@**yourtown**.com.auor**yourtown**, GPO Box 2469, BRISBANE QLD 4001 |