

Title: ACCESS TO INFORMATION FORM
Department Corporate FORM
Approved by Craig Bardrick



To: The Privacy Officer
BASScare
Tel: 8809 0009
Fax: 8809 0088
Email: privacyofficer@basscare.org.au

Applicant details

Name:		
Address:		
Telephone: (H)	(W)	(M)

Details of request

I wish to request access to:

- ☐ All personal information held by BASSCare.
☐ Only some of the personal information held by BASSCare.

Specify: _____

I would prefer access to the provided information in the following manner:

- ☐ Inspection of record of information
☐ Viewing of the information

I would like an explanation of the contents of the record of information ☐ Yes ☐ No

Agreement

I understand that the information provided in this form will be used only for the purpose of assessing and processing this request for access.

I agree to pay any fee which may be lawfully charged for providing access and/or receiving and explanation for the contents of the record of information.

I understand that access may be withheld until payment of any lawful fee charged is received.

I consent to provide further information if this is deemed necessary for the purpose of properly verifying my identity and my right to access the information requested on this form.

Signed: _____ Date: ____/____/____

Name: _____