Title: Department Approved by		ACCESS TO INFORMATION FORM Corporate FORM Craig Bardrick		FORM	BAS Car
To:	The Pr BASSo	ivacy Officer are			
Tel:	8809 0	009			
Fax:	8809 0	088			
Ema	ail: <u>privac</u> y	officer@basscare.org	<u>.au</u>		
App	licant deta	ils			
Na	me:				
Ad	dress:				
Tρ	lephone: (H)	(W)	(M)	
10					
	ails of requ	est			
Deta		est t access to:			
Deta	sh to reques All persor	t access to: al information held by	BASSCare. mation held by BASSo	are.	

Det	ails of request
l wis	sh to request access to:
	All personal information held by BASSCare. Only some of the personal information held by BASScare.
	Specify:
l wo	ould prefer access to the provided information in the following manner:
	Inspection of record of information Viewing of the information

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.

☐ Yes

□ No

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 would like an explanation of 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:		

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First Issued: <#issue_date>	Page 1 of 1	Last Reviewed: <#last_review_date>			
Version Changed: <#revision_issue_date>	UNCONTROLLED WHEN DOWNLOADED	Review By: <#next_review_date>			