Title: Depart Appro	tment ved by	ACCESS TO INFO Corporate Craig Bardrick	ORMATION FORM	FORM	BAS
To:	The Pri BASSc	vacy Officer are			
Tel:	8809 0	009			
Fax:	8809 0	088			
Email:	privacy	officer@basscare.c	org.au		
Applica	ant deta	ils			
Name	:				
Addre	ess:				
Telep	hone: (I	4)	(W)	(N	Л)

## **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:	Spe	ecify:	_
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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

## 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:			

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