

Access to Information Form

To: The Privacy Officer Tel: 8809 0009
BASSCARE 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: _____