



Freedom of Information (FOI) Application

If you have any queries or require assistance in completing this application form please contact the Freedom of Information Officer on telephone (03) 5461 0333

Your Details

MDHS collects your details so it can respond to your application; it will only use your details for this purpose. Where your full details are not provided, your application for access to documents may be affected.

Title *(Please circle)* Mr / Mrs / Ms / Miss **Last Name** _____

First Name _____ **Middle Name** _____

Other names known by *(If applicable)* _____

Gender *(Please circle)* Male / Female **Date of Birth** ____ / ____ / ____

Residential Address _____

_____ **Post Code** _____

Telephone Number *(Daytime)* _____ **Mobile** _____

Mailing Address *(If different to above)* _____

_____ **Post Code** _____

Do you consent to MDHS disclosing your identity and knowledge of this FOI application to other persons for any reasonable consultations necessary for processing your application?
(eg consultations may be with individuals also listed in the documents you seek)

YES / NO

INFORMATION REQUIRED	DATE/S
<input type="checkbox"/> MDHS Admission/s	
<input type="checkbox"/> MDHS Urgent Care Centre	
<input type="checkbox"/> MDHS Community Services	
<input type="checkbox"/> MDHS Dunolly	
<input type="checkbox"/> MDHS Avoca	
<input type="checkbox"/> Other <i>(Please specify)</i>	

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FOI1

Information Requested

Purpose for which the information is required:

- Personal Family History Legal Other _____

Are you seeking access to documents about yourself or another person?

- Myself Another person

If you are seeking access to documents about another person, please provide information that would assist the department identify that person (eg their names, dates of birth or death, their relationship to you, etc. and attach copies of identification with this application.)

Does this person know you are requesting access to their information? YES / NO

MDHS may need to contact these people as part of the processing of your application. Please provide their contact details or, if deceased, their next of kin (eg telephone numbers and/or addresses, etc.)

Access Details

How would you like to access the documents?

- I would like copies of the documents posted to me I would like to view the documents

I would like to access the documents in another format (Please specify)

Payment Options

Application Fee: \$27.90 per request

Search/Processing: See brochure for charges

- Cash Accounts (Main Reception – Maryborough Hospital)
- Cheque Payable to ‘Maryborough District Health Service’
Remittance to Bendigo Bank BSB: 633-000 Account: 145 434 122
- EFT ‘Maryborough District Health Service – Operating Account’
Please include Reference: “FOI”

Checklist (Please attach as listed)

- Copy of Applicant’s identification
(eg Driver’s Licence) \$27.90 Application Fee **OR** evidence of hardship
(Copy of MDHS Receipt/EFT Payment Advice)
- Copies of documents to support application for information regarding another person
(eg Guardianship or Administration orders)

Signature _____ Date ____ / ____ / ____