

Freedom of Information Application



Please complete this form if you are seeking access to documents about yourself or another person – current identification must be provided as part of the 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 are collected in order to respond to your application – if your full details are not provided it may affect your access to documents

Title Mr Mrs Miss Ms Dr

Gender Male Female

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?

Yes No

(e.g. consultations may be with individuals also listed in the documents you seek)

Surname	
Given Name/s	
Other Name/s known by	
Date of Birth	
Address	
Tel (home)	Mobile
Email Address	
Postal Address (if different to residential address)	

Application fee: \$29.60 per request
Search/processing fee: see brochure

Payment options

- Cash (at main reception, Maryborough Hospital)
- Cheque (payable to Maryborough District Health Service)
- EFT (remittance to Bendigo Bank BSB: 633-000 Account: 145 434 122 Maryborough District Health Service – Operating Account. Please include reference: FOI)

Dates required from department/s

MDHS Admission/s
MDHS Urgent Care Centre
MDHS Community Services
MDHS Dunolly
MDHS Avoca
Other (Please specify)

How would you like to access the documents?

Copies posted to me View the documents Other (please specify)

Purpose for which the information is required?

Personal Family history Legal Other (please specify)

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

Myself

Another

If you are seeking access to documents about another person, please provide information that would assist to identify that person (e.g. 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 (e.g. telephone numbers and/or addresses etc.)

Applicant Signature

Date

FOR OFFICE USE ONLY (please attach copies as listed below)

<input type="checkbox"/>	<input type="checkbox"/>	Copy of Applicant's identification	<input type="checkbox"/>	<input type="checkbox"/>	\$29.60 application fee OR evidence of hardship (copy of receipt required)
<input type="checkbox"/>	<input type="checkbox"/>	Copies of documents to support application for information regarding another person (e.g. Guardianship or Administration orders)			