



DoE File Reference GIPA-

Education

Government Information (Public Access) Act 2009 – GIPA Act ACCESS APPLICATION

Before you fill in this form please read the department’s agency information guide at <https://education.nsw.gov.au/about-us/rights-and-accountability/information-access> and look to see whether the information you want is already available on our website. If in doubt, contact our Information Access Unit and ask them if the information is already available or can be made available without a formal access application under the GIPA Act.

Applicant details

Family name: Title: Mr / Ms / Other

Other names:

Postal address:
(compulsory)

..... Postcode:.....

Day-time telephone: M: Fax:.....

Email (optional):

- I agree to receive correspondence by email
- I agree to the release of my name to any other (third) parties the department may need to consult as part of my application. I understand that not agreeing could affect the outcome of my application.

I would like the following information from the department:

Note: For your application to be processed, you need to provide enough details for us to identify the information you want. For help go to the website <http://education.nsw.gov.au> or contact the department’s Information Access Unit.

Please give the date range the information is to cover: to

Optional: My reason for making this application:

Application Fee \$30

Attach payment of the **\$30 application fee** by cheque or money order made out to: Department of Education OR make a credit card payment (last page of this document contains credit card payment form) Note: There is no application fee waiver or discount.

Form of access

We will provide you with a copy of the information released. If the information requested is more than 20 pages we will provide it on a computer disc, otherwise you will receive it by post/email. Please advise if you require access in another way.

Proof of Identity required for personal information

For access to your own or your child's personal information we need you to provide proof of identity. This is to comply with privacy requirements. Please provide a copy of the following documents with your application:

- Australian photo driver's licence showing current address, or
- Current Australian passport, and current address details, or
- Other proof of name, signature and current address details

Personal Information

I am seeking the personal information of:

Myself My child My client

(name)

(name)

and include proof of my/child's/client's identity, proof of relationship and written authority (if relevant).

My/child's/client's date of birth is: [DE Staff ID number (if relevant):

If seeking school records:

Name of last school attended: Last school year:

PLEASE NOTE:

If you are applying on behalf of another person (not your own child), please provide written authority and ID from that person as privacy issues apply. You also need to provide your ID.

If you are applying on behalf of your own child please provide your ID and proof of your relationship (e.g. child's birth certificate, your Benefit Card or Medicare Card showing both you and your child's name).

If you are seeking counselling records, and your child/client is over 12 years old, we require your child's/client's ID and written authority, as privacy issues apply.

Processing charges

You may be asked to pay a charge for processing the application (\$30 per hour). If a charge applies, we will provide you with an estimate of the total payable.

In some circumstances the processing charge may be reduced. If processing charges apply you may wish to request a reduction, if so please provide evidence of why you are doing so. A 50% reduction automatically applies to holders of a current Pensioner Concession Card issued by the Commonwealth, full-time students and non-profit organisations.

Signature and declaration

I declare that the information I have provided on this form is true and correct.

Signed Date

Privacy Notice

The information provided on this application form is being obtained for the purpose of processing your GIPA application. Providing this information is required by law. It will be stored securely. If you do not provide all or any of this information it could prevent or delay the processing of your GIPA application.

Please email or post this form to:

Manager, Information Access Unit
Department of Education
GPO Box 33
Sydney NSW 2001
Email: iaunit@det.nsw.edu.au

ENQUIRIES AND CONTACT:



Information Access Unit
T: 7814 3525
Website: <https://education.nsw.gov.au/about-us/rights-and-accountability/information-access>

Or lodge it at:

Information Access Unit
Department of Education
105 Phillip Street Parramatta NSW 2150

DEPARTMENT OF EDUCATION - Credit Card Payment Form

Enter the details of the payment below. All information with an asterisk * is mandatory.

*	Family Name:		Family name of person making the application
*	Given Name:		Given name of person making the application
*	Cardholder name:		Name on Credit Card
*	Card Number:	____ / ____ / ____ / ____	
*	Card Type:		 or  only
*	Card Expiry Date:	____ / ____	e.g. 06/18
*	Amount:	\$ _____	An application fee under the GIPA Act is \$30
	GIPA Number: GIPA- ____ - ____	Paying: <input type="checkbox"/> Application Fee payment <input type="checkbox"/> Advanced Deposit Processing Charges <input type="checkbox"/> Balance Processing Charges <input type="checkbox"/> Processing Charges – Total Amount	
	Receipt will be sent to address provided on GIPA application.		

Merchant Details

Merchant Name:	Department of Education
ABN:	403 0017 3822
Address:	GPO Box 33 SYDNEY NSW 2001
Email Address:	iaunit@det.nsw.edu.au
Phone:	(02) 7814 3525
Website:	https://education.nsw.gov.au/

This form will be securely stored until payment has been confirmed. Once payment is confirmed, the credit card information will be destroyed according to Department procedures.