**Privacy Internal Review Application Form**

This is an application**[[1]](#endnote-1)** for a review of conduct under (please tick the box):

* s53 the *Privacy and Personal Information Protection Act 1998* [[2]](#endnote-2)
* s21 of the *Health Records and Information Privacy Act 2002* [[3]](#endnote-3)

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| Details of the applicant (the person whose privacy has been breached). | |
| 1. | Family name: …………………………………… Given name: …………………………………….. |
| 2. | Postal Address: …………………………………………………………………………………………….  Email Address: ……………………………………………………………………………………………... |
| 3. | Phone number: ……………………. (work) ……………………….. (mobile) …………………….. |
| 4. | Is the applicant a: (please tick the box)   * student  staff member  parent or caregiver  community member |
| If you have been authorised to lodge the application on behalf of someone else then please complete Qs 5-8 (otherwise please proceed to Q9) | |
| 5. | Your family name: ………………………… Your given name: ………………………………. |
| 6. | Your address: ……………………………………………………………………………………………. |
| 7. | Your relationship to the applicant: ……………………………………………………………….. |
| 8. | The reason why you are lodging the application on behalf of the applicant (ie the reason why the applicant is not able to lodge this application themself).[[4]](#endnote-4) |
|  | ……………………………………………………………………………………………… |
|  | ……………………………………………………………………………………………… |
|  | ……………………………………………………………………………………………… |
| 9. | What is the “*conduct*” [[5]](#endnote-5)of which you are seeking an internal review? How do you think the applicant’s privacy has been breached? |
|  | *(attach additional pages if required)* |
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| 10. | Please tick which of the following describes the conduct the subject of this application  *(you can tick more than one)*   * collection of your personal/health information * security or storage of your personal/health information * refusal to let you access or find out about your personal/health information * accuracy of my personal/health information * use of my personal/health information * disclosure of my personal/health information * other |
| 11. | When did the conduct occur? *(please be as specific as you can)*  ……………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………. |
| 12. | When did you first become aware of this conduct? *(please include the date)*  ……………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………. |
| 13. | You need to lodge this application within 6 months of the date you first became aware of the conduct, that is, within 6 months of the date you have written at Q12. If more than 6 months has passed please explain why you have taken more than 6 months to lodge your application. The Department will consider your reasons for delay when deciding whether to accept your application. For more information on when the Department will accept an application lodged more than 6 months after the date you first became aware of the conduct, please see the Department’s Privacy Management Plan. The Department will not accept an application where more than 12 months has passed since you first became aware of the conduct.  ……………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………….. |
| 14. | What effect did the conduct have?  ……………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………….. |
| 15. | What further effect might the conduct have in the future?  ……………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………. |

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| 16. | What would you like to see the Department do about the conduct? *(for example: an apology, a change in policies or practices, training for staff etc)*  …………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………. |
| 17. | I understand that the information on this form will be used by the Department to process the application and any subsequent action in connection with the internal review or other action undertaken in response to the application. |
| 18 | I understand that the NSW Privacy Commissioner will be notified of the application in accordance with Section 54(1) of the *Privacy and Personal Information Protection Act 1998* and/or Section 21 of the *Health Records and Information Privacy Act 2002* and that the NSW Privacy Commissioner will be kept informed of the progress and outcome of the internal review. |

Signature:…………………………………………………………Date: ………………………

## (Signature of applicant or person lodging the application on behalf of the applicant.6.)

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| ***Please send the completed form to:*** | [**legal.privacy@det.nsw.edu.au**](mailto:legal.privacy@det.nsw.edu.au)7 |

1. While your application must be in **writing**, it is not a requirement under the *Privacy and Personal Information Protection Act 1998* or the *Health Records and Information Privacy Act 2002* that you complete an application form. This form is designed for your convenience only. [↑](#endnote-ref-1)
2. Tick this box if your application involves your “personal information”. “Personal information” is information or an opinion (including information or an opinion forming part of a database and whether or not recorded in a material form) about an individual whose identity is apparent or can reasonably be ascertained from the material form) about an individual whose identity is apparent or can be reasonably be ascertained from the information or opinion. [↑](#endnote-ref-2)
3. Tick this box if your application involves your “health information”. “Health information” is “personal information” (see point 2 above) that is information or an opinion about an individual’s physical or mental health or disability or information relating to the provision of a health service to an individual. [↑](#endnote-ref-3)
4. The reason may include decision making disabilities, immaturity or others you consider relevant. Information and Privacy Commission New South Wales has published a Guide on Privacy and People with Decision Making Disabilities. <https://www.ipc.nsw.gov.au/sites/default/files/file_manager/Guide-privacy-decision-making-disabilities-ACC.pdf> [↑](#endnote-ref-4)
5. “Conduct” can include an action, a decision, or inaction by the Department. For example the “conduct” might be a decision to refuse you access to your personal information, the disclosure of your personal information to another person or the failure to protect your personal information from being inappropriately accessed by someone else.

   **6** If the applicant is incapable of signing the form, the person who is lodging the application on his/her behalf should sign.

   7 If you do not have internet access you can post your application to: Legal Services, NSW Department of Education, Level 5, 105 Phillip Street, PARRAMATTA NSW 2150.

   **Privacy Forms:** This and other privacy forms, as well as the Department’s Privacy Management Plan, are available online at https://education.nsw.gov.au/about-us/rights-and-accountability/privacy/privacy-information-and-forms

   **Privacy Notice** The information provided on this form is being obtained for the purpose of handling your application for internal review under Part 5 of the *Privacy and Personal Information Protection Act 1998*. Provision of this information is voluntary but we may not be able to consider your application without it. In order to assess your complaint we may disclose your personal information to anyone else involved in the conduct you complain of or for verification purposes. We may also share your personal information with the Privacy Commissioner in order to report your complaint. Your personal information will be securely stored by the Department of Education and you may contact us to access or correct it by contacting the Legal Services Unit on 9561 8538 or legal.privacy@det.nsw.edu.au   
    [↑](#endnote-ref-5)