

# Freedom of Information

## Supplementary application form

Thank you for your previous Freedom of Information application.

During your previous application you were advised that your original request was unable to be processed because the work involved would have led to a substantial diversion of resources and it was agreed that your request would be processed in separate parts.

When you receive the decision letter and documents for each part we ask that you submit another application form for the next part.

### Submitting Your Next Request

Please complete the attached supplementary application form and send it to the Freedom of Information unit in the stamped envelope provided.

You will note that in order to assist you we have completed some parts of the form however you will need to provide us with additional information.

If you need any assistance to complete this form, please contact the Freedom of Information unit on 1300 650 172 or (03) 9096 8449.

## Previous Freedom of Information request

Previous Freedom of Information reference number	
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## Your contact details

<b>Surname</b>	
<b>Given name(s)</b>	
<b>Other names you may have been known by</b>	
<b>Date of birth</b>	
<b>Address</b>	
<b>Postal address</b> <i>(if different from above)</i>	
<b>Email</b>	
<b>Home phone number</b>	
<b>Work phone number</b>	
<b>Mobile phone number</b>	

## Proof of identity

If you provided certified identification for your previous application, **and** your application was made within the past six months, do you consent to the FOI unit using that identification documentation for this request?

*Please mark with an 'X' as appropriate.*

Yes:  No:

If this documentation was provided more than six months ago, we ask that you again provide a certified copy of a photo identification document, such as your driver's licence or passport.

## Request details

The documents you are requesting in this application are as follows:

Do you agree with this wording? *Please mark with an 'X' as appropriate.*

Yes:  No:

If you do not agree with this interpretation of your application or you wish to request additional documents please provide details below.

If you need any assistance to complete this section, please contact the Freedom of Information unit on 1300 650 172 or (03) 9096 8449.

## Special requirements for child protection documents

Sections 191(1) and 209(1) of the *Children, Youth and Families Act 2005* require written consent to disclose the identity of a reporter/notifier or a person giving confidential information during a child protection investigation.

If you were a notifier/reporter in a child protection matter, do you consent to the release **to you** of documents that would identify you as a notifier/reporter?

*Please mark with an 'X' as appropriate.*

Yes:  No:

## If you are seeking documents about other people

If you are requesting information about a person other than yourself, do you consent to the use of supporting documentation provided in your previous application for this purpose?

*Please mark with an 'X' as appropriate.*

Yes:  No:

## Access to the documents

Any documents that can be released will be sent to you by registered post. They can be sent either in hard copy paper form or in electronic form on a compact disk.

Please mark with an 'X' as appropriate.

Hard copy paper documents:

Compact disk (CD):

You can also view the documents at our office.

Please mark the following box with an 'X' if you wish to do this.

## Fees and charges

### Application fee

Please mark with an 'X' as appropriate.

<b>I enclose payment for the \$27.20 application fee (effective from 1 July 2015):</b>	<input type="checkbox"/>
<b>I request that the application fee be waived as per my previous application and consent to the use of documentation provided in my previous application for this purpose:</b>	<input type="checkbox"/>

## Your privacy

The Department of Health & Human Services is committed to protecting your privacy. We collect and handle personal information in the Freedom of Information application form for the purposes of processing your application.

To provide a service to you and meet your needs, we will share your personal information with others within the department, such as the program area or divisional office that may hold your documents, or with our archiving facility.

For more information on the department's privacy collection statement, please refer to the following websites: [www.dhs.vic.gov.au/privacy](http://www.dhs.vic.gov.au/privacy) and [www.health.vic.gov.au/privacy](http://www.health.vic.gov.au/privacy)

To receive this form in an accessible format phone (03) 9096 8449, using the National Relay Service 13 36 77 if required, or email [foi@dhhs.vic.gov.au](mailto:foi@dhhs.vic.gov.au)

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