

# Freedom of Information Application



Forensicare

Freedom of Information applications received by Forensicare are processed in line with the Freedom of Information Act 1982 (Vic) and managed by the Health Information Services department.

Once your application has been received and has been deemed valid, Forensicare has 30 days to provide a decision for your request. In some circumstances, we will need to request an extension of time. You will be advised if this is required.

## Applicant Details

Company name (if applic): \_\_\_\_\_

Applicant Surname: \_\_\_\_\_ Applicant First Name: \_\_\_\_\_

Relationship to Consumer (if applic): \_\_\_\_\_ Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

## Consumer Details (if applicable)

Consumer Surname: \_\_\_\_\_ Consumer First Name: \_\_\_\_\_

Consumer Date of Birth: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

## Proof of Identification / Authority to Access Information

Below outline what documents are required for certain requests. Please tick which are attached:

### Required with all applications:

☐ Proof of Identification

### Authority to access information of another person:

☐ Signed Authority from Individual

### If information relates to a deceased person:

☐ Death Certificate ☐ Signed Authority from Senior Next of Kin

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## Request Details

Indicate which service of Forensicare you require information from (select all that apply):

☐ Thomas Embling Hospital    ☐ Community Forensic Mental Health Service    ☐ Prison Services

**Clearly state the documents you wish to access** (include date range, subjects' matter, types of documents - e.g. discharge summaries, psychological assessments, clinical notes):

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**Are you willing to receive edited documents?**

☐ **Yes:** the document will be released with any exempt material deleted and clearly marked.

☐ **No:** the document will be refused in full.

### Form of Access

☐ Copy of Documents    ☐ Inspect Documents

### Delivery of Documents

☐ Electronically    ☐ Registered Post (charges apply)    ☐ Express Post (charges apply)

## Application Fee (non-refundable)

To become valid, the request must be accompanied by an application fee of \$32.70. Unless proof of hardship can be provided, or waiver due to hardship has been requested, and accepted.

**Proof of Hardship attached:**

☐ Yes    ☐ No

**Form of proof of hardship (e.g. copy of Pension or Health Care Card):** \_\_\_\_\_

If deemed ineligible for a fee waiver, we will provide you with an invoice once your application has been received.

## Contact

Email: [FOI.InfoAccess@forensicare.vic.gov.au](mailto:FOI.InfoAccess@forensicare.vic.gov.au)