Freedom of Information Application



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 application Consumer Surname:	ible) 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

Freedom of Information Application



Request Details

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

Thomas Embling Hos	spital Community Forensic Menta	l Health Service F	Prison Services
Clearly state the docume	ents you wish to access (include date rar	nge, subjects' matter, typ	es of documents - e.g.
discharge summaries, ps	ychological assessments, clinical notes):		
Are you willing to receive	e edited documents?		
Yes: the document w	vill be released with any exempt material	deleted and clearly marke	ed.
No: the document wi	ill be refused in full.		
Form of Access			
Copy of Documents	Inspect Documents		
Delivery of Documents Electronically	Registered Post (charges apply)	Express Post (charges ap	ply)
Application F	ee (non-refundable)		
To become valid, the req	uest must be accompanied by an applica ue to hardship has been requested, and		s proof of hardship can
Proof of Hardship attach	ned:		
Yes No			
•	ip (e.g. copy of Pension or Health Care C a fee waiver, we will provide you with a	•	cation has been received.

Contact

Email: FOI.InfoAccess@Forensicare.vic.gov.au