

## RECORDS REQUEST APPLICATION

The use, disclosure and security of personal information is bound by the Victorian Privacy and Data Protection Act 2014, Public Records Act 1973, the Health Records Act 2001 and the Privacy Act 1988. In order for Anglicare Victoria to process your request for access to records, we must ensure that we are acting in accordance with these laws.

The information we ask you to provide on this form helps us to do this. This information can also help us to more efficiently locate the records you are requesting.

*Please complete the form with as much known information as possible.*

### Details of the Person Making the Inquiry

<b>Name:</b>	
<b>Address:</b>	
<b>Telephone:</b>	(H) _____ (W or Mob) _____
<b>Relationship to current or former client:</b>	

### Details about the current/former client to which the requested records relate:

<b>Name in Full:</b>	
<b>Date of Birth:</b>	
<b>Mother's Name:</b>	
<b>Father's Name:</b>	
<b>Names of Siblings:</b>	
<b>Name of the program/s or type/s of service that was received:</b>	

### Consent for release of information

*Please complete row 1, only, if you are a current or former client and are requesting access to your own information.*

*If you are not the current or former client who is the subject of records to which you are requesting access, then you must get that current/former client to complete row 2, only - in which they indicate their consent for Anglicare Victoria to release their information to you. However, this does not apply if the former client is now deceased (in which case, please leave these rows blank, and tick the box below).*

Tick box if requesting records of someone who is deceased

<b>1</b>	I, _____, hereby affirm that I am requesting access to my own information which is held within Anglicare Victoria records.  Signature _____ Date _____
<b>2</b>	I, _____, consent to Anglicare Victoria providing [name of requestor] _____ access to my own information which is held within Anglicare Victoria records.  Signature _____ Date _____

## Supporting Documentation

*Proof of identity of the current/former client who is the subject of records to which access is being requested must be attached to this form, unless the former client is now deceased (in which case, you must attach proof of their death).*

*This applies whether you are requesting access to your own information, or requesting access to another person's information.*

<p><b>Please tick boxes as appropriate and attach copies of the documents concerned</b></p>	<p>One of the following three primary documents is required. If you cannot provide any of these, please advise us. We may be able to establish your identity using alternative methods, although this is not guaranteed.</p> <ul style="list-style-type: none"><li><input type="checkbox"/> A copy of your photo Drivers License or other state-issued license (e.g. firearms license)</li><li><input type="checkbox"/> A copy of your Passport</li><li><input type="checkbox"/> A copy of your Birth Certificate</li><li><input type="checkbox"/> I cannot provide any of the above forms of identification.</li></ul> <p>Plus, where relevant, any of the following documents:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Evidence of a name change (e.g. marriage certificate)</li><li><input type="checkbox"/> A copy of death certificates (if you wish to view information about your deceased family member who was a former client)</li></ul>
<p><b>For previous out-of-home care clients –</b></p> <p><b>Do you wish to be contacted by Anglicare Victoria if there is a reunion or event?</b></p>	<ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li></ul>
<p><b>Do you wish to provide some feedback or make a complaint?</b></p>	<ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li></ul>