Freedom of information

Application form

# Your contact details

|  |  |
| --- | --- |
| **Name** |  |
| **Other Names you may have been known by** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Postal Address****(if different from above)** |  |
| **Email** |  |
| **Home Telephone No.** |  |
| **Work Telephone No.** |  |
| **Mobile Telephone No.** |  |

# Proof of identity

In order to assist the Commission for Children and Young People in making its decision about what documents and information can be provided to you, please provide us with a certified copy of a photo identification document (such as a driver’s licence, passport or birth certificate etc).

|  |  |
| --- | --- |
| **Type of Document** |  |
| **Authority that issued it** |  |
| **Date of Issue** |  |

For more information about proof of identity, see the attached Information Sheet.

# Are you an Aboriginal and/or Torres Strait Islander person?

*Please mark with an ‘X’ as appropriate. For persons of both Aboriginal and Torres Strait Islander origin mark both ‘Yes’ boxes.*

**Are you Aboriginal?** Yes [ ]  No [ ]  Don’t know [ ]

**Are you Torres Strait Islander?** Yes [ ]  No [ ]  Don’t know [ ]

## Your request

Please provide a detailed description of the documents or information that you are seeking. If known, please include the name of the document, the date in which it was created, and/or the author:

|  |
| --- |
|  |

# If you are seeking documents about other people

If you are seeking access to documents about another person, please complete the information below. This will assist the Commission for Children and Young People in making its decision about what documents and information can be provided to you.

You will need to provide certified copies of any documents that prove your relationship with this person. For more information about documents that prove your relationship, please see the attached Information Sheet.

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| **Known contact details** |  |
| **Relationship with this person** | This person is my….. |

## Documentary proof of relationship

|  |  |
| --- | --- |
| **Type of document** |  |
| **Authority that issued it** |  |
| **Date of issue** |  |

# Mode of access

Any documents that can be released to you, can be provided to you in one of the following formats. Please indicate your preference:

[ ]  Hardcopy documents sent by registered post to my postal address

[ ]  Encrypted USB sent by registered post to my postal address

[ ]  View the documents at the Commission for Children and Young People

# Fees and charges

## Application fee and access charges

The fee for applying this document is $31.80. You may also incur charges if you are requesting a large amount of information and the printing costs are significant.

You can request that the Commission waive or reduce the fees and charges on the basis of financial hardship. If you are unable to pay the fee, please fill out the section at the end of this form relating to fee waiver or reduction and return it along with the other documents.

An applicant can pay the application fee by making a bank transfer to the following bank account. Evidence (such as a screen shot) of the transfer must be provided as part of the application.

Account Name – DHHS Revenue Account
BSB – 033-222
Account – 140210.

# Next steps

Please ensure that you have completed all of the questions in this application form and attached the following documents (as appropriate):

[ ]  Proof of your Identity

[ ]  Proof of your Relationship

[ ]  A signed application for a waiver of fees

You can make a written application to the Commission’s Chief Executive Officer and send it to the following address:

Chief Executive Officer

Commission for Children and Young People

Level 18 / 570 Bourke Street

Melbourne Victoria 3000

You can also send an email with attachments to contact@ccyp.vic.gov.au and attention it to the Commission’s Chief Executive Officer.

# Redaction (removal) of text

The Commission has obligations to protect privacy and confidentiality both in relation to your request, and also in the release of certain information that relates to other people or organisations. There may be other reasons why we would need to protect documents. As a result of these obligations, sections of the report you receive may be removed.

In such circumstances, please indicate whether you wish to have access to an edited copy of the documents:

[ ]  Yes

[ ]  No

**Application for a fee waiver or reduction**

I ……………………………………………………………(insert name)

Of ………………………………………………………….(address)

Would like to apply for a fee waiver or reduction in relation to this Freedom of Information request, based on financial hardship (please attach evidence of such).

[ ]  Waiver

[ ]  Reduction

Signed

…………………………………………………………..(insert signature)

…………………………………………………………..(insert date)