## Application for Assessed Disclosure under the *Right to Information Act 2009*

### The *Right to Information Act 2009* provides a framework for requests for disclosure of information in the possession of the public authority with the objective of improving democratic government in Tasmania.

### When should I use this form?

The DoH, THS, AT, and VADC make information available to the public in a variety of ways. The information that you are seeking may be available online, for example, from the Tasmanian Archives Office or on the Department of Health website.

Assessed disclosure under the *Right to Information Act* 2009 is the method of disclosure of last resort. You should only use this form to apply for information that you believe is held by the public authority after you have tried to obtain the information by other means. If the information that you are seeking is available outside of the Act, we may reject your application.

### Do I need to pay a fee when I make an application?

All applications for assessed disclosure of information must be accompanied by an application fee. You can apply, using this form, to have the fee waived in the circumstances described. The application fee is 25 fee units, which is $46.75 for 2024-25 and is indexed annually. The fee may be paid by cheque or money order made out to the Department of Health or by direct deposit. Direct deposit details will be provided when a reference number is allocated on application.

### What will happen when I lodge my application?

Before an application is accepted, we may need to contact you for further details to define your application and we have 10 working days to do this. You will be notified when your application is accepted, and you will generally receive a decision in relation to your application within 20 working days of it being accepted. We may request an extension for the time we have to prepare and decide on your application if we expect it to take longer than 20 days. This will be in agreement with you.

If we do not get back to you within the time limits set out in the Act (or the time as agreed with you), the application may be deemed to be refused and you may apply to the Ombudsman for a review.

### Seeking personal Information?

Personal information includes any information about a living, or recently deceased, person whose identity is reasonably ascertainable from the information provided.

If you are applying for personal information about yourself, you will need to provide proof of identity prior to any information being released to you. Photo Identification or a copy of photo identification that has been certified as a true copy by a Justice of the Peace or a Commissioner for Declarations is the minimum acceptable and should be provided with your application. Do not post original identification.

If the application is for information that identifies a person other than the applicant, your identification documents should also include a certified copy of any Guardianship Order (this does not include a Power of Attorney).

We may, at our discretion, disclose your name to any person whose personal information may be disclosed in response to your application. Please opt out of receiving the personal information of any third party if you do not wish this to occur.

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| *Right to Information Act 2009:* Application for Assessed Disclosure Please lodge your complete application and supporting documents by email to[rti@health.tas.gov.au](mailto:rti@health.tas.gov.au)  Or post the application to Right to Information, Department of Health, GPO Box 125, Hobart 7001 | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant’s Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family Name:** | | |  | | | | | | | | | | | | | | | | **Title:** |  | | | | | |  | |
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| **Given Name/s:** | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **DAY TIME CONTACT INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Email:** | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Postal Address:** | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | **STATE:** | | | | |  | | | | | | **POSTCODE:** | | | | | | | | |  | | | |  | |
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| **Telephone**: | | Business | | | |  | | | Home | |  | | | | | | Mobile | | | | |  | | | |  | |
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| Application Fee ($46.75) included (please select) | | | | | | | | | | | | | | | Yes | | | Or | | | | | No | | | |  | |
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| Application for Waiver of Fee:If claiming financial hardship, you must attach evidence that you are in receipt of Centrelink or Veterans Affairs payments | | | | | | | |  | | **Member of Parliament** | | | | | | | | | | | | | | | | |  | | |
|  | | **Financial Hardship** | | | | | | | | | | | | | | | | |
|  | | **Journalist** | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | **General Public Interest or Benefit** | | | | | | | | | | | | | | | | |  | | |
| Public Interest: If claiming public interest, you must show how the information will be used for a purpose that is of general interest or benefit to the public. | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Proof of identity provided: | | | | | | | |  | | For the disclosure of your personal information, you must provide photo identification or a copy of photo identification which has been certified as a true copy by a Justice of the Peace or a Commissioner for Declarations | | | | | | | | | | | | | | | |  | | |
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| Date of birth: | | | | If seeking your personal information | | | | | | | |  | | | |  | | | | |  | | | |  | | |
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| Details of efforts made prior to this application to obtain this information:This information will help us to locate the information you are looking for. | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **Information Request:** To enable the Department to identify the information in its possession, please clearly outline your request below, or attach a separate sheet where necessary. | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | (1) What is the subject matter of the information you are seeking? | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | (2) What time period / date range would you like us to search within? | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | (3) Are there any other details that would assist us in locating the information you are seeking? | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **Third Party Declaration:** Please tick one box.   1. I accept that my name, or my client’s name, may be disclosed to any other person the information I have requested may identify. 2. I accept that I am only seeking my own personal information, or information of general public interest or benefit, and any information that identifies another person may be excluded from my request. 3. I am seeking information about a person I represent under a guardianship order made by TASCAT and I have attached a copy. | | | | | | | | | | | | | | | | | | | | |  | | | |  | |
|  | Applicant’s Signature: | | | |  | | | | | | | | | **Date:** | | |  | | | | | | | | |  | |
|  | *Name of any person helping to complete this form:* | | | | | | | | | | | | | | | | | | | | | | | | |  | |

### If you have any questions or need assistance filling in this form, please contact our team via email to [rti@health.tas.gov.au](mailto:rti@health.tas.gov.au) or phone: (03) 6166 3770