

# FOI Access Request Form

<b>Client / Patient Details:</b>	
Surname	
Given name	
Date of birth	
Home address	
Email	
Phone	
Date of QEC admission	
Information requested (provide as much detail as possible)	

<b>Is request on behalf of a third party:</b>	
Are you acting on behalf of the client?	If YES, please attach client's written permission to obtain information on their behalf
Is the client deceased?	If YES, please provide evidence that you are next of kin
Do you hold Power of Attorney or Guardianship for client?	If YES, please provide evidence
Company name	If relevant
Surname	
Given name	
Date of birth	
Address	
Email	
Phone	
Relationship to client	

All applications must be accompanied by proof of identity:

- Photo identification: driver's license or passport
- If photo ID is not available then 3 other forms of ID are required: Medicare Card, Birth Certificate, etc.

Minimum FOI application fee is \$29.60. Please contact us if you wish to seek a payment exemption. Please submit your application form to QEC Freedom of Information Office via email [foi@qec.org.au](mailto:foi@qec.org.au)

More information about your rights under the Freedom of Information Act can be found at the Office of the Victorian Information Commissioner website [Home - Office of the Victorian Information Commissioner \(ovic.vic.gov.au\)](http://www.ovic.vic.gov.au). Please do not hesitate to contact us if you have any queries or concerns.

**Declaration**

I understand that my request will not become valid until this form is submitted and payment of application fee has been made.

I understand that further to the application fee, additional administration / printing / photocopying charges may apply in respect to the application.

I understand that QEC Freedom of Information Office has up to 30 days to respond to this request.

Name:

Signature:

Date: