

FREEDOM OF INFORMATION

PRIVACY

Application to correct information

Use this form if you want to apply to correct personal information held by Menzies School of Health Research. This application form can be lodged in person, via email at legal@menzies.edu.au or by mail to Privacy Officer, Menzies School of Health Research, John Matthews Building, Royal Darwin Hospital Campus, NT 0800

Please use **BLOCK** letters and write clearly

Title: ☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr ☐ Professor ☐ Other

First Name:

Last Name:

Phone:

Email:

Postal Address:

Details of initial application:

Application reference number (if any)

Describe the records that contain the information you want to correct: *Please provide as much detail as possible, e.g., is it a letter, record, or report, what is the date of the record, who is the author to whom is it was addressed, and where did you get the record from? If you have a copy, please attach.*

What personal information do you want corrected?

Where is it in the record?

What correction/s do you want to make to the record?

Why is the personal information inaccurate, incomplete or out of date?

Identification: *(please check the relevant box)*

Menzies requires proof of your identity. If you are applying in person you will need to produce a form of identification for verification. If you are applying by post or email, you will need to attach a certified and dated copy of your identification document to this application form.

The NT Information Act 2002 requires you to supply your name and address for correspondence as well as sufficient details to identify the information you want. Additional contact details will assist Menzies in processing your application. Some personal information may have to be disclosed to other people to satisfy consultation requirements under the Act and make an informed decision on your application. If you want to discuss privacy issues, you may contact the Privacy Officer at legal@menzies.edu.au

☐ I have attached a certified and dated copy of my identification

Declaration

I *(applicant's full name)*

declare that all the information supplied by me concerning this application is complete and correct. I accept that the information provided by me in this application may also be disclosed to other persons and/or bodies where such disclosure is required by law, or where Menzies considers these other person/bodies to have legitimate interest in receiving it, and I consent to such disclosure.

Applicant's signature

Date

More Information

For more information about accessing information under the NT Information Act 2002 or the Privacy Act 1988 (Cth) contact the Privacy Officer at legal@menzies.edu.au or the NT Information Commissioner at infocomm@nt.gov.au.

Office Use

Reference number

Date application received

Identification ☐ Yes ☐ No ☐ Identity known ☐ Driver's Licence ☐ Passport

Other attachments

Name

Signature