

FREEDOM OF INFORMATION

PRIVACY

Application to waive or reduce fees

Use this form if you want to apply to waive or reduce the fees in relation to a Freedom of Information request. 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 ☐ Other

First Name:

Last Name:

Phone:

Email:

Postal Address:

Details of the initial application: (Applications may be refused if it is over 30 days since you were notified of the decision)

Reference number:

Date of decision:

Name of decision maker:

Fee you want waived or reduced (please check applicable box/es)

☐ Application fee - \$30 ☐ Processing fee

Is your financial position one of the reasons you are applying for a reduction or waiver?

☐ Yes ☐ No

If yes, please explain and supply evidence to justify Menzies waiving or reducing the relevant fee. For example, if you are a pensioner or qualify for some other social security benefit, you can attach a photocopy of the card.

Other circumstances that justify waiver or reduction:

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