Calvary | Kooyong Precinct Health Care Bethlehem

Hospitals
Home Care
Retirement Living
Residential Aged Care

Freedom of Information

Application Form

Unit Record No:	
Surname:	
Other names:	

APPLICANTS DETAILS:			
Surname			
Given Names			
Address			
Suburb			
Postcode			
Date of Birth			
Phone Business	Business:	Home:	Mobile:
Are you a pensioner or health care card holder?	Yes ☐	No ☐	*(Please tick)*
	NOTE: If YES, please provide photocopy of both sides of your health care card at the time of forwarding this application for.		

YOU ARE MAKING A REQUEST FOR INFORMATION ABOUT:			
Surname			
Given Names			
Date of Birth			
Relationship to myself			
Are you a pensioner or health care card holder?	Yes ☐	No ☐	*(Please tick)*
	NOTE: If YES, please provide photocopy of both sides of your health care card at the time of forwarding this application for.		
Please provide specific information regarding documents / information you require			
	Please indicate whether you would like to inspect the documents and/or obtain a copy of the documents (circle whichever applies)		
I want to inspect the document(s)	Yes ☐	No ☐	*(Please tick)*
I want a copy of the document(s)	Yes ☐	No ☐	*(Please tick)*
I wish to meet with the relevant Clinical Director to discuss aspects of this case	Yes ☐	No ☐	*(Please tick)*

SIGNATURE OF APPLICANT

Signature:	
Date:	

APPLICATION AND PROCESSING CHARGES

All requests will be dealt with within the 45 days prescribed by The Freedom of Information Act 1982.

Fees and Charges:	Application Fee: $34.50	Search Fee: $20.00	Photocopies: 20 cents per page
	Mailing Fees: Sliding scale commences at $0.20c per page		

Please note that your request cannot be processed until an application fee and/or proof of reason to waive fees has been received.

Please return signed and completed application form to:	**Freedom of Information Officer** **Calvary Health Care Bethlehem** **Hospital 476 Kooyong Road** **Caulfield VIC 3162**