



Only use this form to apply for access to records regarding early_childhood_education

Department of Communities

FREEDOM OF INFORMATION – APPLICATION FOR ACCESS TO INFORMATION

Pursuant to the Freedom of Information Act 1982 (Commonwealth)

Applicant's Details									
Title:	☐ Miss	☐ Miss ☐ Mr ☐ Mrs ☐ Ms ☐ Other							
Given Name(s):			Surname:						
Other Name(s) or Aliases:)		Date of Birth: / /						
Australian Postal Address:									
	Suburb:			Postcode	:	State:			
Phone Numbers	: Mobile:			Landline:					
Email Address:									
Preferred Method of Contact:									
Is the application being made on behalf of a business or organisation? ☐ Yes ☐ No									
If yes, what is the name of the organisation/business?									
Form of Access									
☐ I require a copy of the document(s)									
☐ I require access in another form:									
Consultation with Third Parties									
If the documents identified relate to an individual/organisation other than the applicant, it may be necessary for the agency to consult with that individual/organisation to obtain their views about the potential release of documents.									
Where consultation with a third party is necessary, does the applicant consent to the disclosure of their identity for the purposes of third-party consultation?									
☐ Yes ☐ No ☐ Not applicable									
Applicant's Declaration									
I declare that the information I have provided on this form is true and correct.									
I understand that, before I obtain access to documents, I may be required to pay processing charges in respect of this application, and that I will be supplied with a statement of charges, if appropriate.									
I understand it is an offence to give misleading information about my identity, and that doing so may result in a decision to refuse to process my application.									
Signed:					Date:	/	1		

Describe clearly the documents that you are requesting access to (including the subject matter, time period or date range of the material, and/or any other information that would help identify the requested documents). Including your reason(s) for wanting access (although this is not a requirement), may assist in the accurate capture of documents.

Lodgement of Applications

By post, addressed to:

Freedom of Information Coordinator Corporate Information Department of Communities Locked Bag 5000 FREMANTLE WA 6959

- In person, at any Department office
- By email to: foi@communities.wa.gov.au

NOTES

FOI Applications

- Please provide sufficient information to enable the correct document(s) to be identified.
- If you are seeking access to a document(s) on behalf of another person, the Department will require authorisation in writing from the other person.
- Your application will be dealt with as soon as practicable (and, in any case, within the 30 days specified by the Commonwealth's *Freedom of Information Act 1982*)
- Further information can be obtained by contacting the Freedom of Information Unit on telephone (08) 6414 3344, or by email foi@communities.wa.gov.au.

Forms of Access

You may request access to documents by way of inspection, a copy of a document, a copy of an audio or video tape, a computer disk, a transcript of a recorded document or of words recorded in shorthand or encoded form, or a written document in the case of a document from which words can be reproduced in written form.

Where the Department is unable to grant access in the form requested, access may be given in a different form.

Charges

Charges relating to FOI requests are determined by the Commonwealth's *Freedom of Information (Charges) Regulations 2019.* Where considered appropriate, an estimate of charges will be provided to you once documents within the scope of your request are identified.

Proof of Identity

Before documents may be released, a copy of two (2) documents that provide sufficient evidence of identity are required to be provided. Acceptable documents include:

- Current Driver's Licence with photograph and current address
- Current Passport
- Birth Certificate
- Copy of Prisoner's Identity Card, certified by corrective services officer
- Health Care Card