## **FOI Application Form**

## Application to access documents under the *Freedom of Information Act WA 1992* (s.12) (FOI Act)

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| **Applicant Details** | | | | | | |
| First name: | | | Last name: | | | |
| Phone: | | | Email: | | | |
| Postal Address *(for receipt of notices under s. 12(1)(c) of the* FOI Act*, provide a postal address in Australia)*: | | | | | Organisation *(if application is on behalf of an organisation)*: | |
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| **Information Type** | | | | | | |
| Category of request (**choose one**) | | | | | | |
| Personal information under FOI (there is no charge for requests for *only* personal information) | | | | | | |
| For access to your **Medical Records** at a **Next Step Facility** please email [Medicalrecords@mhc.wa.gov.au](mailto:Medicalrecords@mhc.wa.gov.au) who can assist you outside of the FOI Process. | | | | | | |
| Non-personal information | | Attached is a cheque/money order for the $30 application fee (made out to the relevant agency as ticked above). | | | | |
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| **Request** | | | | | | |
| Subject matter of the request: | | | | | | |
| Date/s or range of dates of requested document/s: | | | | | | |
| Details of the specific document/s being requested (please attach additional sheets if necessary): | | | | | | |
| **Personal Information** | | | | | | |
| I consent to all ‘personal information’ of third parties being deleted from the requested document/s  *(information that would be removed; names, contact details, signatures and identifying information of third parties that are not state and local government officers)* | | | | | | |
| I consent to all ‘personal information’ of WA state and local government officers being deleted from the requested document/s *(information that would be removed; contact details, phone numbers and signatures of this agency’s state government officers and names, position titles, contact details and signatures of other WA state and local government officers)* | | | | | | |
| I consent to all ‘prescribed details’ of this agency’s officers being deleted from the requested document/s *(Information that would be removed; names and position titles of this agency’s officers)* | | | | | | |
| ***Please note: If you tick any of the above boxes this means that the agency may not need to consult as widely, which means applications may be dealt with quicker and incur lower charges.*** | | | | | | |
| ***To complete the FOI application please sign below and lodge with the Mental Health Commission (see ‘lodging an application’ below for contact details)***  ***Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_*** | | | | | | |
| **Lodging an application** | | | | | | |
| **Please note:** FOI applications are not valid until BOTH **application form** and **payment of the application fee (if applicable)** have been received. It is recommended that applications be sent via email to [foi@mhc.wa.gov.au](mailto:foi@mhc.wa.gov.au). Alternatively, applications can be sent to; | | | | | | |
|  | FOI Coordinator  1 Nash Street  Perth WA 6000 | | | | | Tel: (08) 6553 0600  Email: [FOI@mhc.wa.gov.au](mailto:FOI@mhc.wa.gov.au) |
| **Notes:**   * Please provide sufficient information to enable the correct document/s to be identified. * In accordance with s.29 of the FOI Act, the agency may request proof of your identity. * If you are seeking access to document/s on behalf of another person or organisation, MHC FOI will require authorisation in writing. * Your application will be dealt with as soon as practicable and within the time specified in the FOI Act (45 days after a valid application is received). However, should more time be required the FOI Unit may request an extension of time from you/or the Information Commissioner.   *Forms of access*   * You can request access to documents by way of a copy of a document, an audio or video tape, a computer disk, a transcript of a recorded document or of words recorded in shorthand of encoded form. Where the agency is unable to grant access in the form requested, access may be given in a different form.   *Charges for processing applications*   * Before obtaining access to documents you may be required to pay processing charges. * You will be supplied with a statement charges if appropriate. * Discounts may be available in certain cases. For example; if you are considered financially disadvantaged and/or are the holder of a pensioner concession card a reduction in processing charges may apply. * If you consider yourself entitled to a reduction, please advise when lodging your application and attach copies of pension card/s or other documentation to support your request. | | | | | | |
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| **Documents Held by the Commission** | | | | | | |
| The Commission’s records are arranged using activities-based classification and include information about the following functions and activities:   * Alcohol and Drug Support Services * Clinical Treatment Service Delivery * Consumer and Carer Engagement * Community Response: Correspondence received by the Commissioner on current issues * Diversion Programs, Policy and Strategy * Governance: Legislative and parliamentary processes | | | | * Government Initiatives: Projects of the elected government managed by the Commission * Health Relationships and Services Purchasing – public health * Mental Health and Alcohol and Other Drugs policy and strategy * Mental Health and Alcohol and Other Drugs data collection and analysis * Suicide Prevention Programs, policy and strategy * Workforce Development and training material | | |
| Broad categories of documents (including publications and quick links) are available to the public and can be accessed through the Commission’s website at [www.mhc.wa.gov.au](http://www.mhc.wa.gov.au). | | | | | | |
| If you are seeking access to your mental health records please contact the Health Service Provider directly where you received treatment. | | | | | | |

Enter sub section here