## Application for Assessed Disclosure under the *Right to Information Act 2009*

### The *Right to Information Act 2009* provides a framework for the members of the public to request the disclosure of information in the possession of the public authority to further the objective of improving democratic government in Tasmania.

### When should I use this form?

The Department of Health (DoH), Tasmanian Health Service (THS), Ambulance Tasmania (AT) and Voluntary Assisted Dying Commission (VADC) makes information available to the public in a variety of ways. The information that you are seeking may be available online, in the Tasmanian Archives Office or by active disclosure

Assessed disclosure under the *Right to Information Act* 2009 is the method of disclosure of last resort. You should only use this form to apply for information that you believe is held by the public authority after you have tried to obtain the information by other means. If the information that you are seeking is available outside of the Act, we may reject your application.

Applications for assessed disclosure must be in writing and include the information required by Regulation 5 of the *Right to Information Regulations 2021*. It is preferable to use this application form, as it will ensure that you provide all the information required to process your application and assist DoH/THS/AT/VADC in responding to your request.

### Do I need to pay a fee when I make an application?

Section 16 of the Act provides that all applications for assessed disclosure of information must be accompanied by an application fee. The application fee is 25 fee units, which is $44.50 for 2023-24 and is indexed annually. The fee may be paid by cheque or money order made out to the Department of Health or by direct deposit. You can apply, using this form, to have the fee waived by DoH/THS/AT/VADC if:

* + - * 1. you have financial hardship (e.g. you hold a valid concession card)
        2. you are a Member of the Tasmanian Parliament acting in connection with your official duty; or

(ba) the applicant is a journalist acting in connection with their professional duties; or

* + - * 1. you can show that the information will be used for a purpose that is of general public interest or benefit.

### What will happen when I lodge my application?

Before an application is accepted, we may need to contact you for further details to define your application. We have 10 working days to do this. When an application is accepted, you will be notified via email (or post if you do not have access to email). You will generally receive a decision in relation to your application within 20 working days of it being accepted. We may request an extension for the time we have to prepare and make a decision if we feel it will take longer than 20 days. This will be in agreement with you.

If we do not make a decision within the time limits set out in the Act (or the time as agreed with you), the application may be deemed to be refused and you may apply to the Ombudsman for a review

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| Right to Information Act 2009Application for Assessed Disclosure | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant’s Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family Name:** | | | |  | | | | | | | | | | | | | | | | | | | **Title:** | |  | | | | | |  |
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| **Given Name/s:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **DAY TIME CONTACT INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Email:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Postal Address:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | **STATE:** | | | | |  | | | | | | | | **POSTCODE:** | | | | | | | |  | | | | | | |  |
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| **Telephone**: | | | Business | | | |  | | | | Home | | |  | | | | | | | Mobile | | |  | | | | | | |  |
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| Application Fee ($44.50) included (please select) | | | | | | | | | | | | | | | | | | Yes | | | | Or | | | | | No | | |  | |
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| Application for Waiver of Fee: | | | | | | | | |  | | | **Member of Parliament** | | | | | | | | | | | | | | | | | | |  |
|  | | | **Financial Hardship\*** | | | | | | | | | | | | | | | | | | |
|  | | | **Journalist** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | **General Public Interest or Benefit\*\*** | | | | | | | | | | | | | | | | | | |  |
| \* If claiming Financial Hardship, you must attach evidence that you are in receipt of Centrelink or Veterans Affairs payments.\*\*If claiming public interest, you must show how the information will be used for a purpose that is of general interest or benefit to the public. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Public Interest:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Proof of identity provided: | | | | | | | | | |  | | | For the disclosure of your personal information, you must provide photo identification or a copy of photo identification which has been certified as a true copy by a Justice of the Peace or a Commissioner for Declarations | | | | | | | | | | | | | | | | | |  |
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| Date of birth: | | | | | If seeking your personal information | | | | | | | | | |  | | | |  | | | | | | |  | | |  | | |
|  | | | | |  | | | | | | | | | | Day | | | | Month | | | | | | | Year | | |  | | |
| Details of efforts made prior to this application to obtain this information:This information will help us to locate the information you are looking for. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Information Request:** To enable the Department to identify the information in its possession, please clearly outline your request below, or attach a separate sheet where necessary. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | (1) What is the subject matter of the information you are seeking? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | (2) What time period / date range would you like us to search within? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | (3) Are there any other details that would assist us in locating the information you are seeking? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Applicant’s Signature: | | | | |  | | | | | | | | | | | **Date:** | | |  | | | | | | | | | | |  |
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#### Privacy Statement

The Department of Health collects personal information provided in this form for the purposes of processing your application for assessed disclosure under the *Right to Information Act 2009*. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to the Department.

### Where should I send my application form?

You can address your application form to **Right to Information:**

email logo **By Email:** [rti@health.tas.gov.au](mailto:rti@health.tas.gov.au)

 **By Post:** Department of Health, GPO Box 125, HOBART TAS 7001

### If you have any questions or need assistance filling in this form please contact Legal Services via email to [rti@health.tas.gov.au](mailto:rti@health.tas.gov.au) or phone: (03) 6166 3525