Freedom of Information Application for Access

WorkCoverSA
Better together

Government of South Australia

Details of application

Surname _____ Title (Mr/Mrs/Ms) _____

Given names _____

Postal address _____ Postcode _____

Telephone (Home) _____ (Work) _____

Email Address _____

Access required

I request access to document(s) as follows:

a) I require a copy of the information/documentation ☐ Yes ☐ No

b) I wish to only inspect the information/documentation ☐ Yes ☐ No

c) I require access in another form ☐ Yes ☐ No

If yes, please specify_____

These documents contain information about:

a) my personal affairs ☐ Yes ☐ No

b) another person's personal affairs ☐ Yes ☐ No

If yes to b), please complete the consent form below.

Consent form

(only to be completed where personal information is being requested by a third party)

I (Name) _____

of (Address) _____

_____ Postcode _____

Contact Telephone Number _____

Authorise (Applicant's name) _____

of (Address) _____

Postcode _____

to access (Please provide details of information/documentation) _____

_____

Signature _____ Date _____

Access required (continued)

Please indicate the records/documentation that you require.

Claims files (Claim number/s _____) (Employer # _____ (If applicable))

Date of birth (of claimant) _____

Other _____

_____

_____

_____

_____

Please note that information can only be provided if held by WorkCoverSA or its agents.

Fees and charges applicable under *Freedom of Information Act* 1991

Before completing this section please refer to Fees and Charges Schedule (attached)

You may be entitled to access your own information free of charge under section 107B of the *Workers Rehabilitation and Compensation Act 1986 (SA)*

Attached is a cheque/money order for $_____ to cover the application fee. ☐ Yes ☐ No

I am a concession card holder and request a reduction in fees and charges. ☐ Yes ☐ No
(please attach a copy of your card)

Signature _____

Date _____

Send Application to : WorkCover Corporation

GPO Box 2668
ADELAIDE SA 5000

Fax: (08) 8238 5775
foi@workcover.com
www.workcover.com

Free information support services:

Languages other than English: call the Interpreting and Translating Centre (08) 8226 1990. Ask the interpreter to call WorkCoverSA on 13 18 55.

Braille, audio, or e-text: call 13 18 55 and ask for required format.