

Personal Information Request Form

Please complete this form if you wish to request information from your Cafs file under the Privacy Act 1988. If you have any difficulty completing this form, please contact your worker or the Quality and Child Safeguarding team on 5337 3333.

Your details		
Surname/s (include all surnames you may be known by at Cafs)		
Given Names		
Date of birth		
Address		
Phone number		
Identification – please provide at least one form of identification from the below list		
Birth Certificate (original)	Current Drivers Licence	Passport
Keypass	Aust Citizenship Certificate	Proof of age card
NB Cafs will be required to photocopy your identification as part of this request		
Please describe the Information you are requesting		
<input type="checkbox"/> My entire file <input type="checkbox"/> My child/ren's file <i>To access your child/ren's file please provide their details on the next page.</i> <input type="checkbox"/> Specific information or documentation <i>For specific information or documentation, can you please detail the information you are seeking to assist us identify the documents.</i>		
<i>If you need more space, please continue on last page</i>		

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Information on the program/s you have been involved with

Dates of involvement (approx. is fine)

Do you know the name of the program/s you were involved with?

If you don't know the program/s name please circle the types of programs that best fits

<input type="checkbox"/>	Financial Counselling	<input type="checkbox"/>	Gambler's Help
<input type="checkbox"/>	Day Stay	<input type="checkbox"/>	Child First
<input type="checkbox"/>	Family Services	<input type="checkbox"/>	Post Separation Parenting Program
<input type="checkbox"/>	Children's Contact Centre	<input type="checkbox"/>	Counselling
<input type="checkbox"/>	Family Violence Programs	<input type="checkbox"/>	Housing and Homelessness
<input type="checkbox"/>	Foster Care	<input type="checkbox"/>	Kinship Care
<input type="checkbox"/>	Adoption	<input type="checkbox"/>	Permanent Care
<input type="checkbox"/>	Residential Care/Youth Care	<input type="checkbox"/>	Step Up
<input type="checkbox"/>	Leaving Care	<input type="checkbox"/>	Orphanage/Heritage records

Other *(please explain)*:

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Access to another person's files 1	
Name of person	
Date of birth	
Relationship to you	
If this is a child, are they on a child protection or family law court order? If yes, please provide details	
Access to another person's files 2	
Name of person	
Date of birth	
Relationship to you	
If this is a child, are they on a child protection or family law court order? If yes, please provide details	
Access to another person's files 3	
Name of person	
Date of birth	
Relationship to you	
If this is a child, are they on a child protection or family law court order? If yes, please provide details	

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How would you like this information to be provided to you?

- Emailed to the below email address
- Posted to the below address
- In person at Cafs. I would like someone to assist me go through the documentation
- I will collect it from Cafs reception

Email or postal address:

Declaration

- I request information to personal information about myself under the Privacy Act.
- I declare that the information I have given is correct.
- I understand that information or documents largely concerning a third party rather than myself will not be provided to me.
- I understand documents containing information on both myself and a third party will be edited to remove any personal information about the third party.

Signature

Date

Forward the completed form and supporting documents to the Manager Quality and Child Safeguarding at 115 Lydiard Street Nth, Ballarat VIC 3350 or Quality@cafs.org.au

Office use only

To be signed off upon receipt of completed form and supporting documentation

CEO	
Date	
Date application process completed	
Processed by	
Format information provided to client	

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Please describe the Information you are requesting (more space)

Specific information or documentation

For specific information or documentation, can you please detail the information you are seeking to assist us identify the documents.