

# FREEDOM OF INFORMATION

## PRIVACY

### Application to review a decision

Use this form if you want to apply for a review of a decision or if you have been refused access to records or correction of personal information held by Menzies School of Health Research. This application form can be lodged in person, via email at [legal@menzies.edu.au](mailto:legal@menzies.edu.au) or by mail to Privacy Officer, Menzies School of Health Research, John Matthews Building, Royal Darwin Hospital Campus, NT 0800

Please use **BLOCK** letters and write clearly

**Title:** ☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr ☐ Other

**First Name:**

**Last Name:**

**Phone:**

**Email:**

**Postal Address:**

**Details of the initial application:** (Applications may be refused if it is over 30 days since you were notified of the decision)

**Reference number:**

**Date of decision:**

**Name of decision maker:**

**Review of decision on access** (please check the relevant box)

- ☐ Decision to refuse access to all of the information
- ☐ Decision to refuse access to part of the information
- ☐ Information cannot be found, identified or does not exist
- ☐ Extending the time for Menzies to make a decision
- ☐ Information is not held by Menzies
- ☐ Information is about third parties

**Review of decision on correction** (please check the relevant box)

- ☐ Request to correct personal information has been refused
- ☐ Correction to my personal information is different from the one specified in my initial application
- ☐ Not all reasonable steps were taken to associate with my personal information held by Menzies that, in my opinion, is inaccurate, incomplete or out of date.

**Review of decision on fees** (please check the relevant box)

- ☐ Charged excessively on an application to access government information
- ☐ Should not have been charged a processing fee for an application to access University information
- ☐ Should not have been charged a processing fee for an application to access personal information

**Other reason/s for review?**

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**Identification:** *(please check the relevant box)*

Menzies requires proof of your identity. If you are applying in person you will need to produce a form of identification for verification. If you are applying by post or email, you will need to attach a certified and dated copy of your identification document to this application form.

The NT Information Act 2002 requires you to supply your name and address for correspondence as well as sufficient details to identify the information you want. Additional contact details will assist Menzies in processing your application. Some personal information may have to be disclosed to other people to satisfy consultation requirements under the Act and make an informed decision on your application. If you want to discuss privacy issues, you may contact the Privacy Officer at [legal@menzies.edu.au](mailto:legal@menzies.edu.au)

☐ I have attached a certified and dated copy of my identification

**Declaration**

I *(applicant's full name)*

declare that all the information supplied by me concerning this application is complete and correct. I accept that the information provided by me in this application may also be disclosed to other persons and/or bodies where such disclosure is required by law, or where Menzies considers these other person/bodies to have legitimate interest in receiving it, and I consent to such disclosure.

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**Applicant's signature****Date****More Information**

For more information about accessing information under the NT Information Act 2002 or the Privacy Act 1988 (Cth) contact the Privacy Officer at [legal@menzies.edu.au](mailto:legal@menzies.edu.au) or the NT Information Commissioner at [infocomm@nt.gov.au](mailto:infocomm@nt.gov.au).

**Office Use**

Reference number

Date application received

Identification ☐ Yes ☐ No ☐ Identity known ☐ Driver's Licence ☐ Passport

Other attachments

Name

Signature