

Government Information (Public Access) Act 2009 INTERNAL REVIEW APPLICATION (Form A17)

This form should be used if you wish to apply for internal review of a decision made under the *Government Information (Public Access) Act 2009* (GIPA Act).

You must lodge this form with us **within 20 working days** after notice of the decision was given to you.

If you need help in filling out this form, please contact The Right to Information Coordinator, SLHD, on (02) 9767 6706.

General information about accessing government information under the *GIPA Act* is available on The Information and Privacy Commission NSW website: www.ipc.nsw.gov.au.

1. Your details

Surname: Title: Mr / Ms

Other names:

Postal address: Postcode:

Day-time telephone: Facsimile:

Email:

I agree to receive correspondence to the above email address.

2. Decision details

Would you like the entire decision reviewed?

Yes – what is the decision to be reviewed (s80 of the GIPA Act)?

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No – what particular aspect of the decision would you like reviewed? (s82(3)) of the GIPA Act. *Please include in your internal review application the Notice of Decision.*

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Date of decision

File reference

Applicant's signature: Date:

Please include your application fee of **\$40** made out to **Sydney Local Health District (SLHD)** by cheque or money order and send it to:

**The Right of Information Coordinator
Sydney Local Health District
Post Office Box M30, Missenden Road, NSW 2050**

The agency will undertake its internal review and advise you of its decision within 15 working days (up to a maximum of 25 working days) of receipt of this application.