

ABN 83 687 563 395

# Freedom of information – Application for access

### **Applicant details**

f you are requesting information	regarding your own pe	rsonal information, <sub>ا</sub>	please include details	of former names and	any other name you a
known by.					

Su	ırname			
Gi	ven names			
Pc	ostal address			
			Postcode	
Te	elephone (Home)		(Work)	
En	nail		Mobile	
Ac	cess required			
a)	I require a copy of the information/documentation OR	Yes	No	
b)	I wish to only inspect the information/documents	Yes	No	
The	ese documents contain information about:			
a)	Your personal affairs	Yes	No	(If yes, complete 'Other' section on page 2)
b)	Another person's personal affairs	Yes	No	(If yes, complete 'Third party access' section below)
c)	ReturnToWorkSA	Yes	No	(If yes, complete 'Other' section on page 2)
Th	ird party access			

Please provide details of the person whose information you are requesting, including former names and any other name person is known by. (Only to be completed where personal information is being requested by a third party).

Name(s)		
Address		
		Postcode
Date of birth (of claimant) / /	Contact phone number	
Email address		
Claim number(s)		
Employer name (if applicable)		
Please indicate the records/documentation that you require		

Note: Section 26 of the Freedom of Information Act 1991 (SA) requires ReturnToWorkSA to consult directly with the person that the information relates to before any information can be released.





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#### **Other**

Please provide details of the information /documentation you require:
Please note that information can only be provided if held by ReturnToWorkSA or our claims agents.
Fees and charges applicable under Freedom of Information Act 1991
The 2024/25 applicable fee is \$42.00. Please refer to our fees and charges on our website (www.rtwsa.com) for further information.
You may be entitled to access your own information free of charge under section 180 of the Return to Work Act 2014 (SA).
I am a concession card holder and request a reduction in fees and charges. Yes No (please attach a copy of your card)
Payment of the application fee can be made by:

- Cheque or money order made payable to ReturnToWorkSA.
- Via direct deposit to the below details:

BSB: 035 502 Account number: 360006

Account name: RTWSA general admin account

Payment reference:

Signature	Date

## Please complete this form and return to:

ReturnToWorkSA reception 8.30am - 5.00pm 400 King Willam Street Adelaide SA ReturnToWorkSA

GPO Box 2668 South Australia 5000

Phone: 13 18 55
Email: foi@rtwsa.com
Website: www.rtwsa.com

To contact ReturnToWorkSA in a language other than English, please ring the Interpreting and Translating Centre on 1800 280 203 and ask them to contact us on 13 18 55.

### This interpreting service is available at no cost to you.

If you need information in braille, audio, e-text or large print, please call us on 13 18 55 and we will do our best to help you.

If you are deaf or have a hearing or speech impairment you can call ReturnToWorkSA through the National Relay Service (NRS):

- TTY users can phone 13 36 77 then ask for 13 18 55.
- Speak & Listen (speech-to-speech) users can phone 1300 555 727 then ask for 13 18 55.
- Internet relay users can connect to NRS on www.relayservice.com.au then ask for 13 18 55.

