

## Freedom of information – Application for access

### Applicant details

Surname	Title (Mr/Mrs/Ms)
Given names	
Postal address	Postcode
Telephone (Home)	(Work)
Email	Mobile

### Access required

I request access to the following document(s):

- 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  (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)

### Third party access

Please provide details of the person whose information you are requesting.

*(Only to be completed where personal information is being requested by a third party).*

Name	
Address	
	Postcode
Contact phone number	
<b>Pease indicate the records/documentation that you require.</b>	
Claims files (Claim number/s)	Employer # <i>(if applicable)</i>
Date of birth (of claimant)	

*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.*

**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 2020/21 applicable fee is \$37.50. Please refer to our fees and charges on our website ([www.rtwsa.com](http://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](mailto:foi@rtwsa.com)  
Website:  
[www.rtwsa.com](http://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](http://www.relayservice.com.au) then ask for 13 18 55.