

Freedom of information – Application for access

Applicant details

If you are requesting information regarding your own personal information, please include details of former names and any other name you are known by.

Surname	
Given names	
Postal address	
	Postcode
Telephone (Home)	(Work)
Email	Mobile

Access required

- | | | |
|---|-----|----|
| a) I require a copy of the information/documentation OR | Yes | No |
| b) I wish to only inspect the information/documents | Yes | No |

These 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) |

Third 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 2025/26 applicable fee is \$43.30. 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) 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 William 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.