ABN 83 687 563 395

Freedom of information – Internal review application

| Surname | | |
|-------------------|----------|--|
| Given names | | |
| Postal address | | |
| | Postcode | |
| Telephone (Home) | (Work) | |
| Email | Mobile | |
| FOI Reference no. | | |

I have submitted an application requesting access to documents in accordance with the Freedom of Information Act 1991.

I am dissatisfied with the determination made by ReturnToWorkSA and therefor seek a review of this determination because:

- □ I have been refused access to a document
- $\hfill\square$ I have been refused access to part of a document
- $\hfill\square$ I have been refused a request to amend a personal document
- $\hfill\square$ I have been given access to a document but access has been deferred
- \Box I am a third party specified in the documents but have not been consulted about giving access to another person
- \Box I have been consulted but disagree with a decision to release the documents

Comments

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You may include any additional comment you wish to be considered in the review of the determination (include additional pages if necessary)

| Applicant signature | Date |
|---------------------|---------------------------------|
| | |
| | (See over for more information) |



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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 direct deposit to:

| BSB: | 035 502 |
|-----------------|-----------------------------|
| Account number: | 360006 |
| Account name: | RTWSA general admin account |

Payment reference:

Lodgement

This application must be addressed to the Chief Executive Officer of ReturnToWorkSA and received by ReturnToWorkSA within 28 days of the date of ReturnToWorkSA' S determination which is the subject of review.

ReturnToWorkSA will undertake its internal review and advise you of its decision within 14 days of receipt of this application.

This application must be addressed to:

ReturnToWorkSA GPO Box 2668 South Australia 5000

Phone: 13 18 55 Email: foi@rtwsa.com Website: <u>www.rtwsa.com</u> 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 <u>www.relayservice.com.au</u> then ask for 13 18 55.

