

Individual Information Request Form

Individual Information Request Form

This form is to be completed for persons requesting access to personal information held by Southern Cross Care (Tasmania) Inc.

If your request for information is not personal information, please contact the relevant general manager to discuss your request.

If you are requesting access to someone else's personal information on their behalf, the person's consent is required in writing.

This form is supported by the Accessing Information Policy.

Process

You should provide your completed Individual Information Request Form to the relevant general manager by email or post.

For all other requests for personal information, or if you are unsure which business unit to direct your enquiry to, please send your application to:

General Manager

85 Creek Road
New Town
TAS 7008

Phone: (03) 6146 1800

The relevant general manager will acknowledge receipt of the Individual Information Request Form within five business days and will provide you with a timeframe for provision of documents. If the form is not completed in its entirety, or you have not provided the required documentation, the business unit may not be able to process your request. Please note there may be a small charge to cover the cost of printing the requested documents. Any charges will be discussed prior to collection and provision of requested information and/or documents.

Individual Information Request Form

Applicant's Details	
Title:	
Family name:	
Given name/s:	
Date of birth:	
Address:	
Email:	
Phone:	
Does the application relate to your own personal information? Yes ☐ No ☐	
If no, what is the name of the person this request relates to:	
If no, what is your relationship with the person this request relates to:	
If no, has consent been obtained from the individual in writing? Yes ☐ No ☐	
If no, are you the legally authorised representative? Yes ☐ No ☐	
Copies attached of the relevant documents, evidencing legal authority to request information on the person's behalf? Yes ☐ No ☐	
Please indicate which Residential Aged Care Facility or Aged Care Service your request relates to:	
Information requested (please include specific details, including dates, timeframes, what information you require):	
Additional information (if applicable):	
Name of applicant:	
Signature of applicant:	
Date:	
Management Only	
Approved? (If no, outline reason.) Yes ☐ No ☐	
Manager name:	
Signature:	
Date:	