

Government Information (Public Access) Act 2009 ACCESS APPLICATION

Please complete this form to apply for formal access to government information under the *Government Information (Public Access) Act 2009 (GIPA Act)*. If you need help in filling out this form, please contact the Right to Information Coordinator

Via Reception on 02 9714 7300,

Via email at gipa.privacy@sopa.nsw.gov.au or

Visit our website at www.sydneyolympicpark.com.au

1. Your details

Surname: _____

Title: Mr / Ms / Miss / Mrs

Other Names: _____

Postal Address: _____

Postcode: _____ **Day-Time Telephone:** _____

Email: _____

The questions below are optional and the information will only be used for the purposes of providing better service.

Place of Birth: _____ **Main Language Spoken:** _____

Aboriginal or Torres Strait Islander: Yes / No (circle one)

Do you have special needs for assistance with this application: _____

I agree to receive correspondence at the above email address

I Understand that SOPA collects personal information for administrative purposes. The information is stored in a secure place and will not be disclosed to anyone without your consent unless SOPA is legally required to do so. You are able to access and edit your personal information.

2. Government Information

Please describe the information you would like to access in enough detail to allow us to identify it
(attach more pages if space is insufficient).

Note: If you do not give enough details about the information, the agency may refuse to process your application.

Are you seeking personal information? **Yes / No** (circle one)

3. Proof of Identity *

***Only required when an applicant is requesting information on their own behalf.**

When seeking access to personal information, an applicant must provide proof of identity in the form of a *certified copy* of any one of the following documents:

- Australian driver's licence with photograph, signature and current address
- Current Australian Passport
- Other Proof of Signature and current Address Details

4. Form of Access

How do you wish to access the information?

- Inspect the document / documents
- A copy of the document / documents
- Access in another way _____

5. Application Fee

Please tick one of the below payment options:

- Payment of the application fee is attached Cheque / Money Order (please circle)
- I have completed & attached an authorised Credit Card Payment Form.(Page X)
- Electronic Funds Transfer (EFT) including GIPA Reference # _____

Please Attach Receipt or Email to gipa.privacy@sopa.nsw.gov.au

Our Banking Details Are:

Account Name: Sydney Olympic Park Authority

Financial Institution: Westpac Bank

BSB #: 032 001

Account #: 203 543

Swift Code: WPACAU2

6. Disclosure Log

If the information sought is released to you and would be of interest to other members of the public, details about your application may be recorded in the agency’s ‘disclosure log’. This is published on the agency’s website.

Do you object to this? **Yes / No**
(circle one)

If **yes**, please state your reason(s) for objecting to the details about your application being recorded in the agency’s ‘disclosure log’ (attach more pages if space is insufficient).

7. Discount in Processing Charges

You may be asked to pay a charge for processing the application (\$30 / hour). Some applicants may be entitled to a 50% reduction in their processing charges. If you wish to apply for a discount, please indicate the reason:

Financial Hardship – Please attach supporting documentation (eg. A certified true copy of your Pension or Centrelink Card

And / Or

Special benefit to the Public – Please specify why:

Applicants Signature: _____

Please lodge this form at the address below:

Attention: Right To Information Officer

Or

Email: gipa.privacy@sopa.nsw.gov.au

8. CREDIT CARD AUTHORITY

Cardholder Details

Cardholder Name: _____

Company Name (if Applicable): _____

Credit Card Details:

Personal Credit Card

Corporate Credit Card

Credit Card Type:

VISA

MASTERCARD

Please Note **WE DO NOT ACCEPT** Diners Club or American Express

Credit Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expiry Date _ _ / _ _

I Authorise **Sydney Olympic Park Authority** to debit my Credit Card

In the amount of \$ _____ amount payable

Payment For: _____

Cardholder Signature: _____

Contact Telephone #: _____

Contact Email: _____

SOPA Contact: _____

NOTE: Credit card payments will not be processed unless fully completed.