

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 on 02 9714 7812 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: **Facsimile:**.....
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.

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.

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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(s)
- A copy of the document(s)
- Access in another way (please specify)

5. Application Fee

Please tick one of the below payment options:

- Payment of the **\$30 application fee** is attached:
 - cheque
 - money order

(Note: please do NOT send cash by post)

OR

- I have completed and attached an authorised Credit Card payment form.

OR

- Electronic Funds Transfer Reference: GIPA _____

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 Number: 032 001
 Account Number: 203 543
 Swift Code: WPACAU2S

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).

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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 below (attach more pages if space is insufficient).

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Applicant's signature: _____

Date:

Please post this form or lodge it at:

Right to Information Officer
Sydney Olympic Park Authority
Level 1, 8 Australia Avenue
Sydney Olympic Park NSW 2127

Office use only

Date application received:

File reference:



CREDIT CARD AUTHORITY

Cardholder Details

Cardholder Name: _____
Company Name (if applicable): _____

Credit Card details:

Personal or Corporate: <input type="checkbox"/> Individual credit card Tick the whichever is correct <input type="checkbox"/> Corporate Credit Card
Credit Card Type: Tick the whichever is correct <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD PLEASE NOTE: We <u>Do Not</u> Accept American Express Or Diners Club
Credit Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiry Date: _ _ / _ _

I authorise **Sydney Olympic Park Authority** to debit my Credit Card in the amount of

\$ _____ (amount payable)

Payment for: _____

Your SOPA contact: _____

Cardholder Signature: _____

Contact Telephone Number(s): _____

Contact Email: _____

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