

(In accordance with the Privacy and Data Protection Act 2014 – Information Privacy principals or the Health Records Act 2001 – Health Privacy Principle 2)

Applicant's Full Name	<input type="text"/>
Organisation's Name	<input type="text"/>
Postal Address	<input type="text"/>
Residential Address	<input type="text"/>
Phone	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>
This application is made for the following Council information	<input type="text"/>
The information is required for the purpose(s) of	<input type="text"/>

If this application is approved, the information will only be used for the purpose(s) for which it was acquired and will not be provided to any other potential user.

I acknowledge that the Data and Privacy Protection Act 2014 and the Health Records Act 2001 contain penalties for infringing the requirements of these Acts, including the inappropriate use of personal information.

Signature	<input type="text"/>	Dated	<input type="text"/>
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Personal and or health information collected by Council is used for municipal purposes as specified in the *Local Government Act 2020*. The personal information will be used solely by Council for these purposes and or directly related purposes. Council may disclose this information to other organisations if required by legislation. The applicant understands that the personal and/or health information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and or correction should be made to Council's Privacy Officer.

To be completed by Glenelg Shire staff only

Will the information be provided?

Yes

No

(a)

If yes, specify the exemption being relied upon from the Information Privacy Act 2000 or the Health Records Act 2001 and list the response below or provide an attachment.

Is consent required from the person/s to which the personal information relates?

Yes

No

If yes, has consent been obtained from the person/persons to which the personal information relates?

Yes

No

(b)

If no, specify the reason(s) for the refusal, including the specific section/s of the Information Privacy Act 2000 and the Health Records Act 2001.

Date information was sent to the Applicant

Sending Officer

Dated: