

APPLICATION FOR RELEASE OF PERSONAL INFORMATION FORM

Please complete and sign the application form and provide photographic identification (e.g. drivers licence, birth certificate etc.).

If you have changed your name, please provide documentation regarding the name change.

The Letter or Authority is only to be completed if you are asking another person to act on your behalf and receive the information for you

Details concerning the person placed in care or having used BCYF services

All Known Name(s)	
Date of Birth	
Period during which care or services were provided (approximate dates)	
Name of Institution	
Service or programs	
Mothers Name	
Fathers Name	
Siblings Names	

Please provide a brief explanation of why you seek the information and/or whether this request for information specifically relates to obtaining health information <u>Note:</u> this question is optional	
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Information concerning your identity (please tick boxes and provide copies)

Please confirm your identity By providing a copy of one of the Primary Identification Documents

- Copy of Birth Certificate
- Copy of Driver's License
- Copy of Passport
- Copy of Marriage Certificate
- Evidence of Name Change
- Copy of Death Certificate

Please provide this Identification if it is relevant to you (name change) or if the person who was in care is deceased

Affirmation and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete and I authorise BCYF to conduct the necessary searches and release the requested information to me.

The file remains the property of BCYF, however copies of documents or information in the file where appropriate will be provided to you.

Information which places the safety and well-being of others at risk may not be provided. BCYF retains the right to make this determination.

Name (printed)	
Signature	
Date	

Please return this form to:

**In Confidence, Privacy Officer
BCYF - Barwon Child Youth & Family
12-14 Halstead Place
Geelong West 3218**

Thank you for completing this application form. Please allow up to 30 days for the processing of your application. A BCYF staff member will contact you when your information becomes available.

LETTER OF AUTHORITY

This letter of authority allows BCYF to issue information about you to any other person that you nominate, also known as the release of third party information. Only complete this form if you are nominating an agent/representative to act on your behalf or if you are agreeing to someone else viewing or receiving information about you.

I,

_____ *(Print full name of the person giving the authority/consent)*

Of

_____ *(Print the full address of the person giving the authority/consent)*

Duly authorise the following person(s) to either:

- a) Act as my representative/agent
- b) View and/or receive any information about me

(Note: cross out and initial that above which does not apply)

_____ Of

_____ *(Print the full name and address of the person being authorised)*

_____ Of

_____ *(Print the full name and address of the person being authorised)*

Duration of this authority:

The duration of this authority is limited to the period required to (a) conduct an archive search and (b) release information to the person(s) being authorised.

Or up to the period specified below:

Date _____

Signed by _____ Date _____
(Signature of person giving the authority/consent)

Please return this form with the Application for Release of Personal Information Form to:

In Confidence, Privacy Officer
BCYF - Barwon Child Youth & Family
12-14 Halstead Place
Geelong West 3218