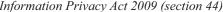
Information Privacy Personal Information Amendment Application





nformation Privacy Act 2009 (section 44)	
Please read the following information carefully before proceeding w	rith your application
Under the <i>Information Privacy (IP) Act 2009</i> you have a general right to a administrative practices that allow you to amend your own personal inforunder the <i>IP Act</i> . It is recommended you contact the relevant agency for completing and submitting this form.	amend your own personal information. Many agencies have mation without entering into a formal application process
If you do wish to make a formal application to amend personal information	n under the IP Act, this is the approved form. The completed
form should be submitted directly to:	
in person at:	, via facsimile on:
or via post:	
Under the <i>IP Act</i> , you may apply to amend documents containing person inaccurate, misleading, out of date or incomplete. There are no fees or clevidence of your identity.	
Note: Denotes Mandatory field	
Contact Details ————————————————————————————————————	
You are required to supply your name and an address for correspondence. application, and to correspond with you in the manner you prefer. If you are section with your contact details.	
Title (e.g. Mr, Mrs, Ms, Miss) Given name/s	Family name
Postal address	
	Postcode
Preferred method of contact (Please indicate by number in order of preference, yells or provide a contact telephone number so that the agency may contact the applica	
Phone Fax	
Mobile Mobile	
Email P	
Post	
	Postcode
Application Details —	1 000000
l. Are you seeking to amend information on someone's behalf	······································
No 🗌	
Yes Family name	Given name/s
Please attach proof of your authorisation to act on the person's behalf for example: a client agreement if you are a solicitor) or written authorisation	
f you are an eligible family member, and you wish to amend documents our relationship to the relative.	on behalf of a deceased relative, you must provide proof of
Note: Eligible family members include a spouse, adult child of the deceased person neither the spouse nor the adult child are available) and others as listed in the IP Act you are an eligible family member.	
B. Which agency/s are you applying to?	
I. Particular details:	
Please specify and detail information about the amendment you seek:	
a. Describe the document/s you wish to amend, and select from the	
Letter / Memo Report File	Form
Other (please specify)	

In

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b. If you claim that personal information is <u>inaccurate</u> or <u>misleading</u> , plear information is inaccurate or misleading (include the changes proposed so If possible, please attach a copy of the relevant document/s, with appropriate the change in the copy of the relevant document appropriate the change in the copy of the relevant document appropriate the change in the copy of the relevant document appropriate the change in the copy of the relevant document appropriate the change in the copy of the relevant document appropriate the change in the copy of the relevant document appropriate the change in the chang	ase provide an explanation of how or why the personal that the personal information is not inaccurate or misleading).	
c. If you claim the personal information is <u>out of date</u> or <u>incomplete</u> , plea to render the document up to date or complete (include the changes pro incomplete). If possible, please attach a copy of the relevant document/s reference.	pposed so that the personal information is not out of date or	
d. Provide any other supporting information that you believe will assist in the	ne assessment of your application.	
(Attach additional pages if necessary)		
5. Evidence of identity		
To protect your privacy and that of others, you must provide evidence of you making this application in order for your application to be processed. If you a evidence of their identities.		
Applying:		
by post - attach a certified copy of your identification document to this ap	oplication form.	
in person - produce the original identification document for the RTI officer	to sight.	
by email or fax - post or present a certified copy of the identification doc information. (A certified copy is considered valid if it is witnessed by a lawyer or note or, in the case of a prisoner, a corrective services officer (refer to note below))		
Note: Documents that provide sufficient evidence of identity include:		
Current driver's licence;		
 Identifying page of current passport; 		
Birth certificate;		
 Copy of a prisoner's identity card certified by a corrective services of 	ficer; or	
 Statutory declaration of an individual who has known the applicant for (A declaration template can be downloaded at www.courts.qld.gov.au/Forms/ 		
Declaration ————————————————————————————————————		
Privacy Notice: In making this application, you are providing personal information su the purpose of assessing your application and ensuring we are able to remain in containformation will be accessed by persons who have been authorised to do so, including Your personal information is handled in accordance with the <i>Information Privacy Act</i> 2	act with you regarding the status of your application. Your personal the decision maker in the agency to which your application relates.	
I declare that:		
The information provided in this form is complete and correct	Office Use Only	
I have read the privacy notice	Date received IP Ref	
 Where applicable, I have attached documents required for the purpose of this application (e.g. evidence of identity, authorisation to act on another person's behalf, evidence of financial hardship status) 	Satisfied as to Identity of Applicant	
 In the event I cannot attach any required copies of documents, I will provide them to the agency within 10 business days of making this 	Satisfied as to Identity of Applicant No Yes Date/	

- application
- I have included nay relevant application fee/s (Fees are based on the type of application, and are noted in section 1)

I understand that it is an offence to give misleading information about my identity, and that doing so may result in a decision to refuse to process my application.

Signature	Date
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Office Use Only		
Date received	IP Ref	
1 1		
Satisfied as to Identity of Applicant		
No Yes D	ate/	
Identity Document Sighted		
No Yes Ty	/pe	
Receiving Officer (print name)		
Decision Maker Assigned to Application (print name)		