

# Information Privacy Personal Information Amendment Application

Information Privacy Act 2009 (section 44)

Please read the following information carefully before proceeding with your application.

Under the *Information Privacy (IP) Act 2009* you have a right to amend your own personal information. Many agencies have administrative practices that allow you to amend your own personal information without entering into a formal application process under the *IP Act*. It is recommended you contact the relevant agency for advice about administrative options available to you before completing and submitting this form.

If you wish to make a formal application to amend personal information under the *IP Act*, this is the approved form.

Under the *IP Act*, you may apply to amend documents containing **personal information** where you believe relevant information is inaccurate, misleading, out of date or incomplete. There are no fees or charges for the application, but you will be required to provide evidence of your identity.

Note: ▲ denotes **Mandatory** field.

## Contact Details

You are required to supply your name and an address for correspondence. Additional contact details will help us to deal with your application, and to correspond with you in the manner you prefer. If you are applying on behalf of another person, please complete this 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, your preferred method of contact. If you choose email or post, please also provide a contact telephone number so that the agency may contact you to clarify aspects of your application.)

Phone  Fax  Mobile  Email  Post

▲ .....  
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## Application Details

1. 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 from the person concerned.

**If you are an eligible family member**, and you wish to amend documents on behalf of a deceased relative, you must provide proof of your relationship to the relative.

**Note:** Eligible family members include a spouse, adult child of the deceased person (if the spouse is not available), a parent of the deceased person (if neither the spouse nor the adult child are available) and others as listed in the *IP Act*. Please contact the RTI officer if you are uncertain as to whether you are an eligible family member.

2. Which agency/s are you applying to?

▲ .....  
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Great state. Great opportunity.



### 3. 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 options below:

Letter / Memo     Report     File     Form

Other (please specify): .....

b. If you claim that personal information is **inaccurate** or **misleading**, please provide an explanation of *how* or *why* the personal information is inaccurate or misleading (include the changes proposed so that the personal information is not inaccurate or misleading). If possible, please attach a copy of the relevant document/s, with appropriate passages marked for the RTI officer's reference.

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c. If you claim the personal information is **out of date** or **incomplete**, please provide an explanation of *what information* is necessary to render the document up to date or complete (include the changes proposed so that the personal information is not out of date or incomplete). If possible, please attach a copy of the relevant document/s, with appropriate passages marked for the RTI officer's reference.

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d. Provide any other supporting information that you believe will assist assessing of your application. *(Attach additional pages if necessary)*

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### 4. Evidence of identity

To protect your privacy and that of others, you must provide evidence of your identity with this application or within 10 business days of making this application in order for your application to be processed. If you are applying on someone's behalf, both parties must provide evidence of their identities.

#### Applying:

**by post** — attach a **certified copy** of your identification document to this application 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 document to the relevant agency to which you are applying for information. *(A certified copy is considered valid if it is witnessed by a lawyer or notary public, a commissioner for declarations or a justice of the peace; 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 officer; or
- Statutory declaration of an individual who has known the applicant for at least one year.  
*(A declaration template can be downloaded at [www.courts.qld.gov.au/Forms](http://www.courts.qld.gov.au/Forms))*

## Declaration

**Privacy Notice:** The information you provide on this form will be used by the agency you are applying to, to deal with your application and assess your application for amendment.

I declare that:

- The information provided in this form is complete and correct
- I have read the privacy notice
- Where applicable, I have attached required supporting documents OR if I cannot attach them, I will provide them to the agency within 10 business days of making this application.

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

..... / ..... / .....

### Office Use Only

Date received

RTI Ref / IP Ref

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Satisfied as to Identity of Applicant ..... No  Yes  Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Identity Document Sighted ..... No  Yes  Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Receiving Officer (print name)

Decision Maker Assigned to Application (print name)

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