





The Royal Women's Hospital Melbourne  
Time of Birth Application form  
01/07/202  30/06/202

**SECTION 5 – AUTHORITY TO ACCESS INFORMATION:**

**I, the applicant, acknowledge that:**

- My application will be processed in accordance with the Freedom of Information Act 1982 (VIC) and that I have provided valid authority
- Charges will apply under the *Freedom of Information Act 1982 (VIC)* to access Time of Birth details and need to be paid in full before my application is processed
- Total charges to access this information will be \$50 per application (which include the application and search fee) and I understand if I require a printed copy an additional cost will be incurred for postage
- I understand that fees will not be waived to access my Time of Birth information even if I possess a Healthcare/Concession card
- The information and documents that I provide will be used to process my request and will be handled in accordance with the Victorian Privacy Laws
- RWH has 30 days to send my Time of Birth information from the date a valid request is received (extensions may apply)

Applicant signature ..... Date: ...../...../.....

**REQUEST FOR MEDICAL RECORDS RELATING TO ANOTHER INDIVIDUAL**

- The individual must sign the below authorisation and you have to provide evidence that you have the authority to access this information on behalf of the individual. Any additional information can be provided in the space below
- If you are unable to obtain the proper consent from the individual, information that you receive may be redacted in accordance with the *Freedom of Information Act 1982 (Vic)*. To assist us in assessing your application and making an informed decision regarding the release of individual's time of birth information, please explain the purpose of your application in the 'additional information' field below and why you believe it is reasonable to release the records to you
- In relation to a deceased individual, access by the most senior available next of kin is not guaranteed. To assist us in assessing your application and making an informed decision regarding the release of a deceased individual's time of birth information, please explain the purpose of your application in the 'additional information' field below and why you believe it is reasonable to release the information to you

I, ..... Of .....  
(Individual or Next of Kin) (Address)

hereby authorise The Royal Women's Hospital to release information about .....  
(Individual/Myself)  
to the applicant.

Individual/Next of Kin Signature ..... Date: ...../...../.....

Additional Information:

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Supporting evidence provided (e.g. Death Certificate, Adoption Paperwork).....  
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