#### **OFFICIAL**

## **APPLICATION FOR ACCESS TO DOCUMENTS**

under Freedom of Information Act 1991 – Section 13

(for CHILD AGED UNDER 16)

Please use **BLOCK** letters

YOUR DETAILS

OFFICE USE ONLY
Received / / 20
Acknowledged / / 20

SA Dental

Title Last name	Given name(s)
Australian Postal Address	
Postcode P	hone
Relationship to child	
DETAILS OF CHILD	
Last name	Given name(s)
Previous name (if applicable):	
Address	
Postcode P	hone
Previous address (if applicable)	
Date of birth	UR number (if known):
DETAILS OF REQUEST	
I request access to the following document	c(s)
If you are seeking copies of clinical records (if known)	s, list the clinics where treatment was undertaker
1	3
2	4

**SA Dental** 

**Central Adelaide Local Health Network** 

Roma Mitchell House 136 North Terrace, Adelaide SA 5000 Tel: 08 7117 0052 | Fax: 08 7117 0014

HealthSADSPublic@sa.gov.au | www.dental.sa.gov.au



### **OFFICIAL**

FORM	M OF ACCESS (✓) tick the relevant box	SA Dental
	I require a copy of the documents	
	I would like to inspect the documents	
	I request access in another form	
Speci	fy	
FEES	S AND CHARGES	
	pleted application form <b>must</b> be accompanied by a fee of <b>\$42.00 unless</b> you are vaiver.	seeking
	ve the application fee waived, this form <b>must</b> be accompanied by proof of finip eg a copy of your Health Care Card or Pensioner Concession Card.	inancial
( <b>√</b> ) tic	k the relevant box	
	I have enclosed a copy of my Health Care Card or Pensioner Concession Card se I qualify for a fee waiver	
OR		
Do not	I have enclosed a cheque / money order for <b>\$42.00</b> (made out to SA Dental) send cash through the mail	
	: This application is not valid until either the fee, or evidence in support of a fee een received.	waiver,
	erstand that I may be required to pay processing charges in respect st and that I will be provided with a statement of any charges applied.	of this
	Signature of Applicant Date	
SA De Freed	n your application to: ental om of Information ent Relations Unit	

Page 2 of 4

SA Dental
Central Adela

**GPO Box 864** 

**ADELAIDE SA 5001** 

Central Adelaide Local Health Network Roma Mitchell House 136 North Terrace, Adelaide SA 5000 Tel: 08 7117 0052 | Fax: 08 7117 0014

Tel: 08 7117 0052 | Fax: 08 7117 0014 <u>HealthSADSPublic@sa.gov.au</u> | <u>www.dental.sa.gov.au</u>





# Fees, Charges & Waivers @ 1 July 2024

NOTE: Fees and charges are subject to change and should only be referenced from the SA Dental Website under Your Rights and Responsibilities – Accessing information (Freedom of Information Act 1991). Scroll to Cost.

Schedule of Fees and Charges for release of information under the FOI Act 1991 FOI Regulations 2003, Schedule 1 (Fees and Charges)

### Prescribed Fees and Charges Section 53 (1) of the FOI Act

1	On application for access to an agency's document	\$ 42.00
2 (1)	For dealing with an application for access to an agency's document and the giving of access to the document	
	(a) in the case of a document that contains information concerning the personal affairs of the applicant	
	(i) for up to the first 2 hours spent by the agency in dealing with the application and giving access	No Charge
	(ii) for each subsequent 15 minutes so spent by the agency	\$ 15.90
	(b) in any other case – for each 15 minutes so spent by the agency	\$ 15.90
<b>2</b> (2)	In addition to the fees specified above, the following fees are payable in respect of the giving of access to an agency's document	
	where access is to be given in the form of a photocopy of the document	\$ 0.25 per page
	where access is to be given in the form of written transcript of words recorded or contained in the document	\$ 9.35 per page
	where access is to be given in the form of a copy of a photograph, x-ray, DVD or other medium in or on which information is stored	actual cost incurred in producing the copy
Review	On application for review by an agency of a determination made by the agency under Part 3, Section 29 (2)(b) of the FOI Act	\$ 42.00

Page 3 of 4

SA Dental
Central Adelaide Local Health Network
Roma Mitchell House
136 North Terrace, Adelaide SA 5000
Tel: 08 7117 0052 | Fax: 08 7117 0014

HealthSADSPublic@sa.gov.au | www.dental.sa.gov.au



#### **OFFICIAL**



#### **Waiver and Remission**

An agency must waive or remit both the application fee and charges for dealing with the application and giving access when a person is the holder of a current concession or pension card (including student card holders) or when a person presents other evidence of financial hardship which is acceptable to the agency

- Section 53(2)(a) of the Act

### Access to documents by Members of Parliament – Prescribed Threshold

A Member of Parliament who applies for access to an agency's document under the Act is entitled to access to the documents without charge, unless the work generated by the application involves fees and charges (calculated in accordance with Schedule 1) totalling more than \$1,000

- Section 5 (2)(b) of the Act