

**Title**                    **Access to Information**

**Department**        Corporate Services

FORM

**Approved by**        General Manager - Operations



**MannaCare**  
WIDER CHOICES FOR OLDER PEOPLE

To:        The Privacy Officer  
              MannaCare Inc

Tel:        1300 90 20 23

Email:     contact@mannacare.org.au

**Applicant details**

<b>Name:</b>		
<b>Address:</b>		
<b>Telephone:</b> (H)	(W)	(M)

**Details of request**

I wish to request access to:

- All personal information held by MannaCare Inc.
- Only some of the personal information held by MannaCare Inc.

Specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would prefer access to the provided information in the following manner:

- Inspection of record of information
- Viewing of the information

I would like an explanation of the contents of the record of information         Yes         No

**Agreement**

I understand that the information provided in this form will be used only for the purpose of assessing and processing this request for access.

I agree to pay any fee which may be lawfully charged for providing access and/or receiving and explanation for the contents of the record of information.

I understand that access may be withheld until payment of any lawful fee charged is received.

I consent to provide further information if this is deemed necessary for the purpose of properly verifying my identity and my right to access the information requested on this form.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_