

NSW Carers Register

Request to receive information held on the Carers Register

April 2016



Request to receive information on held on the Carers Register under the Children and Young Persons (Care and Protection) Regulation 2012 or the *Privacy and Personal Information Protection Act 1998*

How to fill in this form

This application form can be used to request to receive information held in the Carers Register administered by the Office of the Children's Guardian. An application may be made by a person whose information is held on the Carers Register or, if the person is under 18 years of age, their parent. To request to receive information applicants need to supply proof of identification to verify that they are entitled to receive the information.

To receive information held on the Carers Register, applicants should make a request to the designated agency **before** making a request to the Office of the Children's Guardian. You may be able to access information held on the Carers Register by contacting your designated agency in the first instance.

Proof of applicant identity

Please provide a certified copy of one of the following documents:

- Australian driver's licence (showing photograph, signature and current address)
- Current Australian passport
- Other proof of signature and current address details

A certified copy means a copy of document marked as a true copy of the original document by a qualified witness, i.e. a Justice of the Peace, Notary Public, legal practitioner or person authorised to administer an oath under s 26 of the *Oaths Act 1900*. The qualified witness must include his or her qualification, address and telephone number.

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Applicant details (attach proof of your details, e.g. certified copies of an Australian driver's licence showing photograph, signature and current address; current Australian passport or other proof of signature and current address details)

Details of person completing this form	
Carer authorisation number	
First given name	
Other given name(s)	
Family name	
Gender	
Date of birth	
Identifies as Aboriginal and/or Torres Strait Islander	
Home address	
Contact number	
Have you made a request to a designated agency to receive information from the Carers Register?	Yes No
If YES, please provide details of the designated agency	
Name of designated agency:	
Name of contact person at designated agency (if known)	
Address of designated agency	
Contact number of designated agency	
Email address of designated agency	
Date of request	
Information you sought to receive	
Outcome of request	
<p>You received the information from the designated agency. You did not receive the information from the designated agency. (If so, please provide any details of why the designated agency did not provide you with the information.)</p>	

Information on Carers Register sought

Please describe the information on the Carers Register that you wish to receive

How you would like to receive the information

Please indicate how you would prefer to receive the information, should this be granted and provide your preferred email address/ postal address/fax number.

Email	Email address:
Post	Postal address:
Fax	Fax number:

I certify that the information I have provided is true and correct

Date of request	
Signature of applicant	
Full name of applicant	
Contact number	
Email address	
Postal address	

Office use only

Applicant eligible:
YES/ NO

Method of contact if applicable:
EMAIL/POST/FAX/OTHER

Application granted:
YES/ NO

Applicant notified of outcome:
YES / NO
Date: