This form is to be used by individuals requesting access to their own personal information held by SDN Children’s Services or SDN Child and Family Services Pty Ltd (SDN).

Please complete and sign the form below to enable us to ensure that we are providing the specific information you are after. Your request cannot proceed until all three sections are completed satisfactorily.

When completed, please send this form to [privacy@sdn.org.au](mailto:privacy@sdn.org.au) or mail to:

Privacy Officer

SDN Children’s Services

PO Box 654

BROADWAY NSW 2007

Charges may apply for responding to access to personal information requests, but we will not charge a fee for lodging a request for access. We will contact you to discuss whether charges will apply to your request prior to undertaking the request.

We aim to complete your request within a reasonable time period, please allow up to 30 days.

|  |  |
| --- | --- |
| Section 1 – Identification | |
| First name |  |
| Surname |  |
| Date of birth |  |
| Daytime contact number |  |
| Postal address |  |
|  |

| Section 2 – Access Request | | |
| --- | --- | --- |
| Name of SDN service you use/used |  | |
| Describe your personal information being requested |  | |
| Date Range | From: | To: |
| Would you like your personal information corrected? |  | |
| Comments to assist with the access/correction of your personal information |  | |

|  |  |
| --- | --- |
| Section 3 – Declaration | |
| I acknowledge:   * that I am the individual referred to in this *Request for Access to Personal Information Form* and that all the information I have provided is true, complete and correct and has been provided to SDN to enable it to respond to my request * that access to the personal information collected in response to my request may be provided to me in a manner SDN considers reasonable and practicable * that all or part of my request may be refused (as per Australian Privacy Principle 12) * that depending on the type of request, SDN reserves the right to charge a fee for supplying access to my personal information, and * that if I am charged a fee, access to my personal information is conditional upon the fee being paid. | |
| Signature |  |
| Date |  |