

APPLICANT DETAILS

Mr/Mrs/Ms/Dr Surname Given names
(include previous name if applicable)

Date of Birth/...../..... Phone (H) (W) (M)

Address State Postcode

DETAILS OF REQUEST

Describe clearly the documents you wish access to, including dates, location, subject matter or any other information that will help identify the documents you seek.

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.....

REASON FOR REQUEST

Please outline the reason you wish to access these documents.

.....
.....
.....

FORM OF ACCESS (circle answer)

I wish to inspect the documents **Yes** **No**
 I require a copy of the documents **Yes** **No**
 I require access in another form **Yes** **No** Specify form of document.....
 I require an interpreter to accompany me to inspect the documents* **Yes** **No** Language

I require a translated copy of the documents* **Yes** **No** Language.....

FEES AND CHARGES

I acknowledge that I must pay for the provision of the documents requested herein – an amount comprising an **administration fee of \$20**, a **photocopying fee of 20 cents per A4 black and white page** and, **if applicable, all courier and delivery costs**. Please note that **a minimum charge of \$20 applies to all requests** (GST will be added to all costs and charges). St John of God Health Care may waive fees in cases of financial hardship. If you hold an Australian pension or health care card, please provide a copy with this application.

* I may incur the cost of an interpreter or of translation services if I request these.

I have attached a photocopy of my passport or driver's licence. **Yes**

Applicant's Signature **Date**

Hospital/Service use only

MRN Received on/...../..... at

Proof of Identity Type Photocopy attached/sighted

Acknowledgement sent on/...../.....

Name of officer Signature

Please mail or fax your completed application form to the relevant St John of God Health Care hospital or service. The contact details for our hospitals and services in Victoria are listed below.

Please feel free to contact the relevant hospital or service by telephone if you have any questions regarding this form.

OUR HOSPITALS

St John of God Hospital Ballarat

Health Information Manager
PO Box 20
Ballarat VIC 3353
Tel: 03 5320 2111
Fax: 03 5333 1682

St John of God Hospital Bendigo

Health Information Manager
PO Box 478
Bendigo VIC 3552
Tel: 03 5434 3434
Fax: 03 5434 3455

St John of God Hospital Berwick

Health Information Manager
PO Box 101
Berwick VIC 3806
Tel: 03 9707 1900
Fax: 03 9707 4135

St John of God Hospital Geelong

Health Information Manager
PO Box 1016
Geelong VIC 3220
Tel: 03 5226 8888
Fax: 03 5221 8807

St John of God Nepean Rehabilitation Hospital

Health Information Manager
255-265 Cranbourne Road
Frankston VIC 3199
Tel: 03 9788 3333
Fax: 03 8790 8747

St John of God Pinelodge Clinic

Health Information Manager
1480 Heatherton Road
Dandenong VIC 3175
Tel: 03 8793 9444
Fax: 03 5564 0699

St John of God Hospital Warrnambool

Health Information Manager
PO Box 316
Warrnambool VIC 3280
Tel: 03 5564 0600
Fax: 03 5564 0699

OUR SERVICES

Pomegranate House

Health Information Manager
103 Webster Street
Ballarat VIC 3350
Tel: 03 5320 2260
Fax: 03 5331 8455

Raphael Centre Berwick

Health Information Manager
57 Fairholme Boulevard
Berwick VIC 3806
Tel: 03 9707 3988
Fax: 03 9707 0297

Raphael Centre Geelong

Health Information Manager
11 Fenwick Street
Geelong VIC 3220
Tel: 03 5221 7333
Fax: 03 5221 9766

Raphael Centre South West Victoria

Health Information Manager
PO Box 316
Warrnambool VIC 3280
Tel: 03 5564 0636
Fax: 03 5564 0699