



**1. Applicant details**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Title: (Mr/Ms etc): \_\_\_\_\_

Australian Postal Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**2. If applying for information concerning another person, please complete their details below**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Title: (Mr/Ms etc): \_\_\_\_\_

Australian Postal Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**NOTE:** Written authority must accompany applications on behalf of individuals over the age of 16 years. If the individual is deceased, applications must be accompanied by written authority from the legal Next of Kin.

**3. Describe the documents you wish to obtain (e.g. admission dates, subject matter or any other information which would help identify the document)**

\_\_\_\_\_  
 \_\_\_\_\_

**4. Which health service does your request relate to?** Please tick

- Bentley Health Service
- Midland Community Mental Health Service
- Swan Districts Hospital Mental Health Service (closed)
- Other (specify) \_\_\_\_\_

**5. Details of request** Please tick

- Personal Documents (incurs no fees and will contain information pertinent to applicant only)
- Non-personal documents – (incurs \$30.00 application and associated charges and may, subject to the Act and/or consultation, contain information regarding third parties.)

**6. Fees and charges (Non-Personal Applications)**

Attached is a cheque/cash to the amount of \$ \_\_\_\_\_ to cover the application fee. I understand that before I obtain access to documents I may be required to pay processing charges in respect of this application and that I will be supplied with a statement of charges if appropriate

**7. Method for collection** Please tick

- Collect copies in person once advised documents are available
- Receive copies by post (please note that Bentley Health Service takes no responsibility for the safe delivery of mailed documents)

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Email or post your application form with a copy of your ID**  
 (e.g. drivers licence, passport, concession card, birth certificate)