

FREEDOM OF INFORMATION – REQUEST FORM

<p>Please complete and forward this form to Attention: Quality Management - WDEA Works 52 Fairy Street, Warrnambool 3280 or deliver to your local wdea office for forwarding to quality management.</p>			
Your details:			
Name			
Address			Postcode
Contact Number			
Email			

I am registered with the following services (tick appropriate box)				
JOBACTIVE	DISABILITY EMPLOYMENT SERVICES	COMMUNITY DAY SERVICES	WDEA WORKS TRAINING - STUDENT	EMPLOYED WITH WDEA WORKS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide below full details of the type of personal information you seek.

I request to see information collected by WDEA Works relating to my: <i>(tick appropriate box)</i>			
Disability	<input type="checkbox"/>	Medical Records	<input type="checkbox"/>
Employment	<input type="checkbox"/>	Other information (please specify below)	<input type="checkbox"/>

Please indicate whether you would like to inspect the documents and/or obtain a copy

Copy of Document	<input type="checkbox"/>	Inspection in person of document	<input type="checkbox"/>
Provide Evidence of Identity <i>(eg: photocopy of Drivers Licence)</i>			
Details of evidence of identity below			attached
			<input type="checkbox"/>

OR

JSID	
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I understand that I will be contacted by a WDEA Works Representative to discuss and organise the above.

	Name	Signature	Date
Person requesting			

Office use	Date received	Initial	
Person responsible for completion			