# Extension of time request



Freedom of Information review form

There are time limits for requesting a review of a Freedom of Information (FOI) decision. Please complete this form if you would like to request more time to apply for a review. We can grant you more time if we think your reasons are valid.

You can request the National Health Practitioner Privacy Commissioner review an FOI decision made by:

- the Australian Health Practitioner Regulation Agency (Ahpra)
- Ahpra's Agency Management Committee
- any of the 15 National Boards.

# Time limits to apply for an FOI review

Please complete this form if any of the timeframes outlined in the table below have lapsed.

Type of decision	Timeframe for making an application for a review
Give another individual or organisation access to a document	30 days
Refuse access to a document	60 days
Refuse to correct a document	60 days

# Before you make an application

#### Have you raised your concerns with Ahpra?

You can request that Ahpra conduct an internal review of their FOI decision before contacting us. This is often a faster and easier way to receive a fresh decision or to resolve concerns. Contact Ahpra on 1300 419 495 or via <u>email</u> at <foi@ahpra.gov.au>. If Ahpra does not provide its internal review decision to you within 30 days or if you are not happy with the internal review decision, please contact us.

# How to complete this form

We have designed this form to be accessible for as many people as possible. Where the form offers a choice between multiple options, please indicate your selection with an 'x'.

T 1300 795 265

E freedomofinformation@nhpo.gov.au

# About you

Please only provide information that you would like us to use when contacting you.

### Your contact details

This section is for your own contact details. If you would like to nominate another person or organisation to act on your behalf, you will be given an opportunity to enter their contact details later.

	Mr		Miss		Ms		Mrs		Dr		Professor		Мx		Other	
--	----	--	------	--	----	--	-----	--	----	--	-----------	--	----	--	-------	--

If Other, please specify	
Full name	
Mailing address	
Contact number/s	
Email address	

## Do you require a translating and interpreting service?

Yes		No
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If Yes, please specify the language

## How would you prefer us to contact you?

one Email Post Other	Post Other	Empil	Phone
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If Other, please specify

## Are any of the following scenarios applicable to you?

I wish to nominate a person to act on my behalf	
I wish to nominate an organisation to act on my behalf	
I am acting on behalf of an organisation	
I am acting on behalf of another person	

If you selected one of these options, please continue below.

If none of these are applicable to you, please go to 'FOI decision you would like reviewed'.

### Alternative contact details

If you have indicated that another person or organisation is relevant to this matter, please enter their contact details.

Mr		Miss		Ms		Mrs		Dr	Professor	Mx	Other	
If Oth	If Other, please specify											
Full r	name											
Mailing address												
Cont	act nu	mber										
Email address												

#### What is the nature of the relationship between you?

Please specify	
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#### Do they require a translating and interpreting service?

Yes		No	
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If yes, please specify the language

# FOI decision you would like reviewed

You may wish to request Ahpra first review its FOI decision. If you have you not done this, please see <u>'Have</u> you raised your concerns with Ahpra?'

## About the FOI decision

What is the date on the decision letter for the FOI decision?

Date (dd/mm/yyyy)
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What date did you receive the decision letter?

Date (dd/mm/yyyy)

If you have not yet received the FOI decision, when is it due?

Date (dd/mm/yyyy)

Please attach a copy of the decision and any other relevant information you have received.

If you have not applied for an internal review of this decision by Ahpra, please let us know why.

# Please describe why you are requesting an extension of time

Our decision about whether to grant you an extension of time to apply for a review will be based on the reasons you provide here. You may like to include information about:

- what may have prevented you from applying for a review earlier
- why you would like a review of the FOI decision now
- any other information to support your application.

Please attach a copy of any other relevant information to support your request.

# **Privacy statement**

Our office collects, holds, uses and discloses personal information when carrying out functions under the Health Practitioner Regulation National Law (as in force in all states and territories of Australia), the *Ombudsman Act 1976* (Cwlth), the *Privacy Act 1988* (Cwlth) and the *Freedom of Information Act 1982* (Cwlth).

Once any personal information comes into our possession, we take reasonable steps to protect that information from unauthorised or inappropriate access, use, modification, disclosure, or other interferences.

Personal information will only be used for the intended purpose. We will usually disclose the information you give to us to Ahpra and/or the relevant National Health Practitioner Board and, if necessary, to others who have information relevant to your matter. We may also collect your personal information from other people or organisations when handling your matter.

More information can be found in our Privacy Policy, available at our <u>website</u> <www.nhpo.gov.au>.

# Declaration, acknowledgement and consent

I declare that all the information I have provided in this complaint form is true and correct.

I acknowledge that I must advise the office of the National Health Practitioner Ombudsman (NHPO) if my circumstances change and update the office with any details that are relevant to my request for an extension of time to make an application for review.

I confirm that I have read the privacy statement for this form and I understand that information about the NHPO's Privacy Policy is available on our <u>website</u> <www.nhpo.gov.au>.

Signature	
Full name	
Date	

To receive this document in another format phone 1300 795 265, using the National Relay Service 13 36 77 if required, or email FOI team <foi@nhpo.gov.au>.

Authorised and published by the National Health Practitioner Ombudsman, 50 Lonsdale St, Melbourne.

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