

**Please read the following information carefully before proceeding with your application.**

The purpose of this form is to allow applications for internal review under the *Right to Information Act 2009* (RTI Act). Before filling out the form, check with the **RTI officers** of the agency you are applying to. For a list of departmental RTI officers visit: [www.rti.qld.gov.au/rti-ip-agency-contacts](http://www.rti.qld.gov.au/rti-ip-agency-contacts).

For general information about the RTI application process, visit: [www.rti.qld.gov.au](http://www.rti.qld.gov.au).

**Note:** ▲ \_\_\_\_\_ you must fill in fields with this symbol.

## Contact Details

Please provide your name and contact information, like a phone number, email, or address to which notices may be sent. If you are applying for someone else, use your own contact details here. This information will help us to deal with your application.

**Title** (Optional – e.g. Mr, Mrs, Ms, Miss, Other) \_\_\_\_\_ **Given name/s** ▲ \_\_\_\_\_

**Family name** ▲ \_\_\_\_\_

**Organisation name** (Optional – complete if you are making this application on behalf of an organisation)

**Postal address** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Preferred method of contact** (Please indicate by number in order of preference, your preferred method of contact and provide relevant contact details below. If you choose email or post, please also provide a telephone number. If you choose to give us an email for communications, you might be consenting to your personal information being stored or processed outside Australia. If this is a concern, provide a postal address).

**Phone** ☐ **Fax** ☐ **Mobile** ☐ **Email** ☐ **Post** ☐

▲ \_\_\_\_\_

### 1. Reason for applying for the review ▲

- ☐ The agency has decided my application is outside the scope of the RTI Act
- ☐ The agency has decided my application does not comply with the application requirements of the RTI Act
- ☐ The agency has refused access to a document or a part of a document
- ☐ The agency has refused to amend my personal information
- ☐ I believe there are documents that have not been considered and/or located
- ☐ The agency told me there would be a charge for my application and I do not agree
- ☐ The agency has refused to deal with my application
- ☐ I have been consulted about access to documents and disagree with the agency's decision
- ☐ Other

**Note:** Please provide more information in question 3 below. Please note that not all decisions can be internally reviewed. You may like to contact the agency to discuss.



## 2. Which Queensland Government agency are you applying to?

*You must complete a separate internal review application for each decision for which you are seeking an internal review*

## 3. Particular details

**Please provide information about the decision you would like to have reviewed.**

**a. Details of your application** *(include the decision reference number, date of the decision and name of the decision maker)*

**b. Details of Review** *(e.g. details regarding why a decision should be reviewed)*

## Declaration

**Collection notice:** The information you provide on this form will be used to communicate with you and process your application. Your information may be shared within the agency, with another agency if they are processing your application, with consulted entities to obtain their views or with the Office of the Information Commissioner. Collection of the personal information on this form is required by or authorised under the *Right to Information Act 2009*. Without enough personal details, we may not be able to contact you to discuss your application and you may not get the outcome you want. Please note that your information will be dealt with under the Queensland Privacy Principles (QPPs) as outlined in the *Information Privacy Act 2009* (IP Act). Each agency or Minister has a QPP Privacy Policy, which contains information on how you may otherwise access your personal information, seek correction of your personal information, or complain about a breach of the QPPs, or a QPP code under the IP Act. For Ministers' QPP policies, please visit <https://cabinet.qld.gov.au/ministers-portfolios.aspx>.

By signing this form, I declare that:

- The information provided in this form is complete and correct
  - I have read and understood the application form
  - I have read the collection notice
- ☐ I understand that it is an offence under section 176 of the RTI Act to give misleading information about my identity, and that doing so may result in a decision to refuse to process my internal review application.

**Signature** ▲ \_\_\_\_\_ **Date** ▲ \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office use only**

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_ RTI Ref \_\_\_\_\_

Satisfied as to Identity of Applicant **No** ☐ **Yes** ☐ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Identity Document Sighted **No** ☐ **Yes** ☐ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Receiving Officer (print name) \_\_\_\_\_

Decision Maker Assigned to Application (print name) \_\_\_\_\_