

Application to Correct Personal Information

Under the *Information Act* (NT)

In order to process your application the Department of Housing and Community Development, will need to see your personal identification (See Note 1 overleaf). For information on where to lodge this application form see Note 2.

APPLICANT DETAILS			
Name: Mr/Mrs/Miss/Ms/Other			
Surname: _____	Telephone A/H: _____		
Given Names: _____	B/H: _____		
Address _____	Mobile: _____		
_____	Fax: _____		
_____	E-mail address: _____		
Please circle preferred method of contact			
Phone	Mail	Email	Fax

INFORMATION TO BE CORRECTED (Please provide sufficient details for the information you are requesting to correct so that the department will be able to identify the information - eg. dates, location, subject matter etc. If insufficient space, please attach a separate sheet of paper).

REASON FOR APPLICATION TO CORRECT PERSONAL INFORMATION (Please provide the reason/s for your information to be corrected, for example - my personal information held by the department is inaccurate, incomplete, or out of date etc. If insufficient space, please attach a separate sheet of paper).

SPECIFY THE CORRECTION YOU WANT TO MAKE TO YOUR PERSONAL INFORMATION (If insufficient space, please attach a separate sheet of paper).

FEES AND CHARGES
There are no fees and charges in relation to an application to correct personal information.

DECLARATION

I certify that the information supplied by me concerning this application is complete and true to the best of my knowledge.



Signature: _____

Date: / /

The Information Act requires you to supply your name and address for correspondence. This Department of Housing and Community Development also collects other personal information in this application for the purpose of responding to your request. The information may be disclosed to other agencies where a review or complaint arises from the application, where another agency is required to deal with the application, or where disclosure is required by law. The application may be delayed if you do not provide the information in full. You are able to access the information in this form at any time by contacting the Information Access Unit on 08 8999 8490 or email infoact.dhcd@nt.gov.au

NOTES FOR CORRECTION OF PERSONAL INFORMATION FORM

Note 1 – Identification

You will be asked to show identification when lodging this application. If posting your application, please attach a photocopy of your driver's licence, passport, or other form of approved identification documentation. This is to ensure that the Department is satisfied as to your identity.

Note 2 – Where to Lodge this Application

This application can be posted, faxed or emailed to the:

Information Access Unit
Department of Housing and Community Development
GPO Box 4621, DARWIN NT 0801
Fax No. (08) 8942 6806
Email: infoact.dhcd@nt.gov.au

You can also lodge the application at one of our offices in all NT major centres. If you require assistance with completing this application you can contact the Information Access Unit on (08) 8999 8490.

Note 3 – Response to your Application

- The department shall respond to your request within 30 days after receiving your application. This response shall include written notification of the departments' decision. (Refer to note 4 below regarding decisions the department can make in relation to your application).

Note 4 – Decisions in Relation to your Application

The response to this application could inform you that the department may:

- Correct the information;
 - Correct the information but correction is different from the one specified in your initial application;*
 - Refuse to correct the information;*
 - Require more time;
 - Transfer the application;
- (Refer to sections 34-37 of the Act).

* If in your opinion the information as corrected (or not corrected) is inaccurate, incomplete or out of date, you are entitled to request that a statement to that effect be associated with the information.

OFFICE USE ONLY:

Request No: _____

Date Application Received: _____

Satisfied as to Identity of Applicant: _____ Yes / No (Please circle)

Receiving Officer's Name: _____

Signature of Receiving Officer: _____