

# Records Request Form

This form should be used for the request of records held by Anglicare Victoria (AV), which include files and records held by predecessor agencies such as: The Mission to the Streets and Lanes; the Mission of St James and St John; St John's Homes for Boys and Girls; and St Luke's Anglicare.

The use, disclosure and security of personal information is bound by the following legislation:

*Victorian Privacy and Data Protection Act 2014*

*Public Records Act 1973*

*The Health Records Act 2001*

*The Privacy Act 1988.*

**\*Please note:** Records can only be shared with a third party with signed consent by the applicant. In the event the applicant is under 18, the legal Guardian may sign consent. Evidence of Guardianship will be required. Proof of photo identity of the current/former client who is the subject of this request for records from AV must also be attached to this form.

Please complete the form with as much information as possible.

Details of the person making the request	
Name (current):	
Address:	
Telephone:	
Relationship to current or former client:	

Details of the current/former person the requested records relate to	
Full Name:	
Name at time of record:	
Any other name known as:	
Date of Birth:	
Name of the program/s or type/s of service that was received:	

If your record is prior to 1980 please provide additional information	
Mother's Name:	
Father's Name:	
Name/s of sibling/s:	1.
	2.
	3.

# Records Request Form

Is the person you are requesting records for deceased? ☐ Yes ☐ No

*If yes, please include the below supporting documentation with this record request form.*

## Supporting Documentation for a deceased person

**Please attach copies of the below documents.**

- ☐ A copy of the person's death certificate
- ☐ Proof of relationship with the deceased person

***\*Please read the below consent section carefully before signing\****

## Consent for release of information

1. If you are a current or former client and are requesting access to your own information.

I, \_\_\_\_\_, [client's name] hereby affirm that I am requesting access to my own information which is held within Anglicare Victoria records.

**Signature:**

**Date:**

2. If you are not the current or former client who is the subject of records to which you are requesting, then you must obtain the consent of the current/former client by having them complete the below section, which will indicate their consent for Anglicare Victoria to release their information to you.

I, \_\_\_\_\_ [client's name] consent to Anglicare Victoria providing access to my records held within Anglicare Victoria to \_\_\_\_\_ [name of requestor].

**Signature:**

**Date:**

## Supporting Documentation

**Please attach to this form a copy of your chosen photo identification.**

Photo identification may include for example a driver's licence, a passport, working with children's check card or any other form of identification with your name and photo on it.

Please advise if you are unable to provide any form of photo identification.