**Application for a review of a decision**

Use this form if you want to apply to correct personal information about you held by a Northern Territory public sector organisation. Lodge the completed form with the organisation that holds the information you want corrected.

|  |
| --- |
| **Title:** [ ]  **Ms** [ ]  **Mrs** [ ]  **Miss** [ ]  **Mr** [ ]  **Dr [ ]  Other:**       |
| **First name:**       |
| **Family name:**       |
| **Phone:**       |
| **Email:**       |
| **Postal address:**       |
| **Fax:**       |
| **An application for review can be made in regard to:*** A decision under Division 2 (accessing government information)
* A decision to charge a fee for providing access to information under Division 2
* A decision under Division 3 (correcting personal information)

(Please refer to the attached details on “What decisions can be made in relation to an application?”) |
| **Application number:**       |
| **Person who made the decision:**       |
| **Date of the decision:**       |
| **Date you were notified of the Decision (Note that your application may be refused if it is over 30 days since you were notified of the Decision):**       |
| **Details of Application:**       |
| **Identification**The organisation needs proof of your identity. The Department will accept the following forms of identification; Drivers Licence, Passport or some other card or document that identifies who you are. A copy of your ID will be kept on file for three months after the file is closed.If you are lodging your application by post, facsimile or e-mail an authenticated copy of your identification must be supplied either by a Commissioner of Oaths, member of the Police Force, Registered Nurse, or a person who has known you for five years or more. You will be contacted if more information is required by the organisation to satisfy itself as to your identity.**I have attached a copy of an identification document:** [ ]  Yes [ ]  No |
| I (applicant’s full name)      certify that all the information supplied by me concerning this application is complete and correct. I accept that the information provided by me in this application may also be disclosed to other persons and/or bodies where such disclosure is required by law. For more information about our privacy policy, you may access the Department’s privacy statement available on our website.Declared at       on       day of       (month)       (year) |
| **Sign:**       |
| **Date:**       |
| NOTES: (Section 146)1. A person providing false or misleading information or statements to a public sector organisation or the Commissioner is liable to a penalty of $26,000 or 12 months imprisonment.
2. A person knowingly making a false or misleading statement or a material omission in a statement for the purpose of gaining access to another’s personal information or another person’s business, professional, commercial or financial affairs is liable to a penalty of $13,000 or 6 months imprisonment.
 |
| **Office use only** |
| Original Application Reference Number: |
| Reference No. (this application): |
| Identity of Applicant Verified: |
| Basis for Identity Verification: |
| Receiving Officer’s Name: |
| Signature of Receiving Officer: |