

Chinese Medicine Registration Board

FREEDOM OF INFORMATION

REQUEST FORM

The following form is to be completed and lodged with the \$20.00 application fee* and if the information you require relates to you personally, a copy of suitable identification (e.g. drivers licence, passport or healthcare card etc.). Your application may be lodged in person at the Chinese Medicine Registration Board of Victoria (727 Heidelberg Rd, Alphington) or by post to:

PO Box 5088, ALPHINGTON, Victoria, 3078, AUSTRALIA

* The application fee may be waived if you provide evidence of financial hardship such as a copy of a healthcare/pension card AND if the request is for information relating to your own personal affairs.

FREEDOM OF INFORMATION REQUEST

Preferred title (please circle): Mr / Mrs / Ms / Miss / Master / Dr / Other

Surname: **First Name/s:**

Address:

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Telephone: Daytime: After hours: Mobile:

Email:

Details of documents requested (attach additional paper if required):

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Please tick appropriate:

I wish to inspect the document/s

I wish to obtain a copy of the document/s

Your request may require the FOI Officer to contact a third person. Please indicate whether you wish to remain anonymous.

I wish to remain anonymous

Signature:

Date: