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|  | QUEENSLAND POLICE SERVICE**APPLICATION FOR ACCESS OR DISCLOSURE OF QPS INFORMATION***Police Service Administration Act 1990*Section 10.2 | QP 0850A11/09Δ3 |

**Proof of identity—Please ensure a certified (i.e. Justice of the Peace, Commissioner of Declarations or a police officer) copy of ONE of the following forms of identification is attached to this application:**

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| 1. [ ]  | Your current **driver licence** | Number: |  | Issuing state: |  |
| **OR** |  |
| 2. [ ]  | Your current **passport** including photograph and signature | Number: |  | Issuing country: |  |
| **OR** |  |
| 3. [ ]  | Two other forms of identification (e.g. health care card, credit card bearing your signature.) | Documents produced:  |
|  |  |
| **OR** |  |
| 4. [ ]  | For an **organisation** provide a copy of certificate of incorporation (or similar). |  |

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| Authority - If acting on behalf of the applicant e.g. solicitor or insurance agent please provide a signed authority.To properly assess your application the following details are required: |
| **Family name:** |  | **Given name(s):** |  |
| **Address:** |  |
|  |  |
| **Other names you have been known by:** |  |
| (such as name at birth, alias(es), previous married name(s)) |  |
| **Date of birth:** |  |  |  |  |  |
| **Place of birth:** | Town: |  | State: |  | Country: |  |
| **Postal address:** |  |
| (If different to above) |  | Postcode: |  |
| **Contact details:** | Home: | (**)** |  | Business: | **(****)** |
|  | Mobile: |  |  | Email: |  |
| **OR****Organisation details** |
| **Organisation name:** |  |
| **Postal address:** |  |
|  |  | Postcode: |  |
| **Contact details** | Business: | **(     )** |  | Fax: | **(     )** |
|  | Mobile: |  |  | Email: |  |

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| **Information sought** |  |
| What specific information is sought?  |

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| Why is the information required?  |

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| For what purpose will the information be used?  |

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| When is the information required? (Please allow reasonable time for this application to be processed having regard to operational or other requirements of the Service.):  |

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|  | X |  | Date: |  |  |
|  | (Applicant’s signature) |  |  |  |  |  |
|  | X |  |  |  |
|  | (Witness’s signature) |  | (Witness’s name) |  |

**Privacy Collection Notice**

The Queensland Police Service (QPS) is collecting your personal information for the purposes of processing your application to access QPS information. Your personal information will only be used for the purpose specified and only disclosed to another entity when required or authorised by law. Your personal information will be handled in accordance with the law including the *Information Privacy Act 2009.* You have a right to request access to QPS documents containing your personal information. If you wish to request access to your personal information or to inquire about QPS’ handling of your personal information, please contact Right to Information and Privacy Services by email rti@police.qld.gov.au or by phone (07) 3364 4666.

# This document is a record of the application and subsequent decision made and should be retained for audit purposes for a period of 2 years of date of decision.