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| Use this form if you want to apply to waive or reduce the fees in relation to a Freedom of Information request. This application form can be lodged in person, via email [privacy@cdu.edu.au](mailto:privacy@cdu.edu.au) or by mail to Privacy Officer, Charles Darwin University, Orange 12, Ellengowan Drive, Darwin NT 0909. | | | | | | | | | |
| Please use BLOCK letters and write clearly | | | | | | | | | |
| **Title:  Miss  Ms  Mrs  Mr  Dr  Professor**  **Other** | | | | | | | | | |
| **First Name:** | | | | | | | | | |
| **Family Name:** | | | | | | | | | |
| **Phone:** | | | | | | | | | |
| **Email:** | | | | | | | | | |
| **Postal Address:** | | | | | | | | | |
| **Details of Initial Application:**  **Application reference number (if any):**  **Date of application:** | | | | | | | | | |
| **Fee you want waived or reduced (tick applicable box/boxes)**  Application fee - $30 Processing fee | | | | | | | | | |
| Please supply as much information as you can to justify Charles Darwin University waiving or reducing the relevant fee.  **Is your financial position one of the reasons you are applying for a reduction or waiver?**  **Yes  No**  If yes, please explain and supply evidence. If you hold a pension card, or qualify for some other social security benefit, you may want to provide proof, e.g., photocopy of the card. | | | | | | | | | |
| **Other circumstances that justify waiver or reduction:** | | | | | | | | | |
| **Identification:** (please tick relevant box)  The University requires proof of your identity. If you are applying in person you will need to produce a form of identification for verification. If you are applying by post or email, you will need to attach a certified and dated copy of your identification document to this application form.  I have attached a certified and dated copy of my identification. | | | | | | | | | |
| **Declaration**  I (applicant’s full name)  declare 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, or where the University considers these other person/bodies to have legitimate interest in receiving it, and I consent to such disclosure. | | | | | | | | | |
| Applicant’s signature | |  | | | | | | Date | |
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| **Privacy**  The NT Information Act 2002 requires you to supply your name and address for correspondence, as well as sufficient details to identify the information you want. Additional contact details will assist the University to process your application. Some personal information may have to be disclosed to other people in order to satisfy consultation requirements under the Act and make an informed decision on your application. If you want to discuss privacy issues, you may contact the Privacy Officer at [privacy@cdu.edu.au](mailto:privacy@cdu.edu.au). | | | | | | | | | |
| **More information**  For more information about accessing information under the NT Information Act 2002 or the Privacy Act 1988 (Cth), contact the University’s Privacy Officer [privacy@cdu.edu.au](mailto:privacy@cdu.edu.au) or the NT Information Commissioner [infocomm@nt.gov.au](mailto:infocomm@nt.gov.au). | | | | | | | | | |
| **Office Use** | | | | | | | | | |
| Reference number | |  | | | Date application received | | | |  |
| Identification | | Yes  No | Identity known | | | Driver’s licence | | | Passport |
| Other attachments | |  | | | | | | | |
| Name |  | | | Signature | | |  | | |
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